The Twenty Third

L. I. M. CONFERENCE

UNDER THE AUSPICES OF

MADURAI-RAMNAD DISTRICT

BRANCH OF

THE L. I. M. ASSOCIATION

★

29th & 30th May 1955

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Programme

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29th May '55.

8-00 a. m. Breakfast :
by Messrs. Navarathna Pharmaceutical Laboratories, Cochin.

9-30 ,, Prayer :
Welcome Address :
by Dr. R. Parthasarathy, L. I. M., Chairman, Reception Committee.
Inaugural Address :
by Sri P. T. Rajan, Bar-at-law, M. L. A.,
Presidential Address :
by Dr. Jammi V. Badarinarayana, L. I. M. Madras.

12-00 Noon Lunch :
by Messrs. W. T. Suren & Co., Ltd., Bombay.

2-00 p. m. Scientific sessions :
under the presidentship of Vaidhyarathna
Capt. G. Srinivasamurthy, B.A., B.L., M.B. & C.M.
Reading of a scientific paper :
by Dr. S. B. Rao, M. Pharm. (Banaras) D. Sc. Nat. (Munich) on the findings of his research on some of the herbs.
Reading of other Scientific papers :
by Delegates.

4-30 ,, Tea :
by Messrs. Sree Vathsa Chemicals and Drugs Ltd., Madras.

7-45 ,, Dinner :
by Messrs. South Indian Manufacturing Co., Madurai.

8-30 ,, Film Show :
by Messrs. Glaxo Laboratories (India) Ltd., Madras.

9-15 ,, Subjects Committee Meeting :
(Delegates and R. C. Members only).

30th May '55.

7-00 a. m. Break-fast :
by Messrs. SP. M. Medical Mart, Chemists and Druggists, Madurai.

8-00 ,, Open sessions of the Conference.

9-30 ,, Annul General Body Meeting of the L. I. M. Association.

12-00 Noon Lunch :
by Messrs. T. N. C. Nagalingam Pillai & Sons,
Chemists & Druggists, Madurai.

2-00 p. m. Scientific sessions (contd.)

4-00 ,, Tea :
by Messrs. Trinity Pharmaceuticals (India) Ltd., Trichur.

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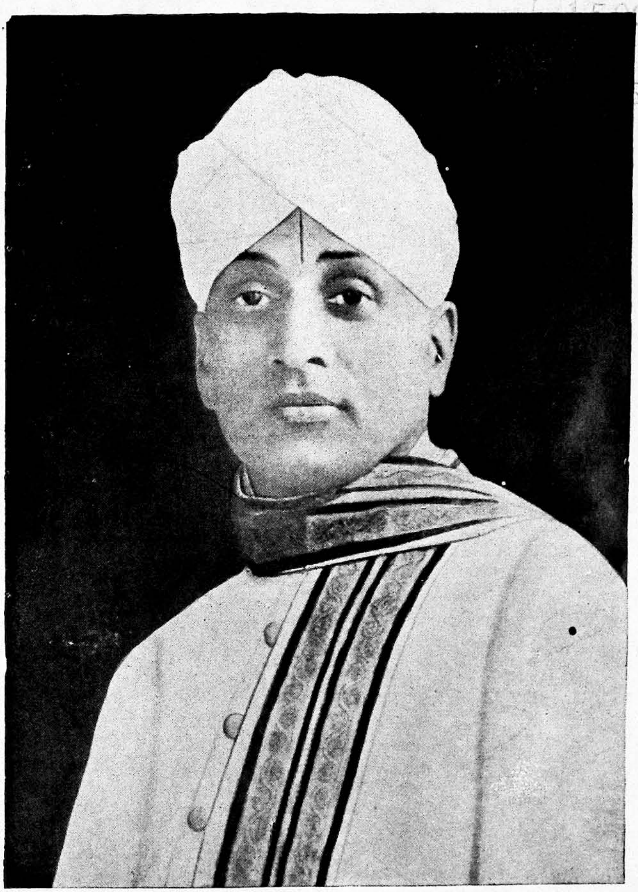

VIDHYA RATHNA

Capt. G. Srinivasamurthy, B. A., B. L., M. B., & C. M.,

who presides over the Scientific Sessions.

THE EXECUTIVE COMMITTEE OF THE 23RD L. I. M. CONFERENCE.

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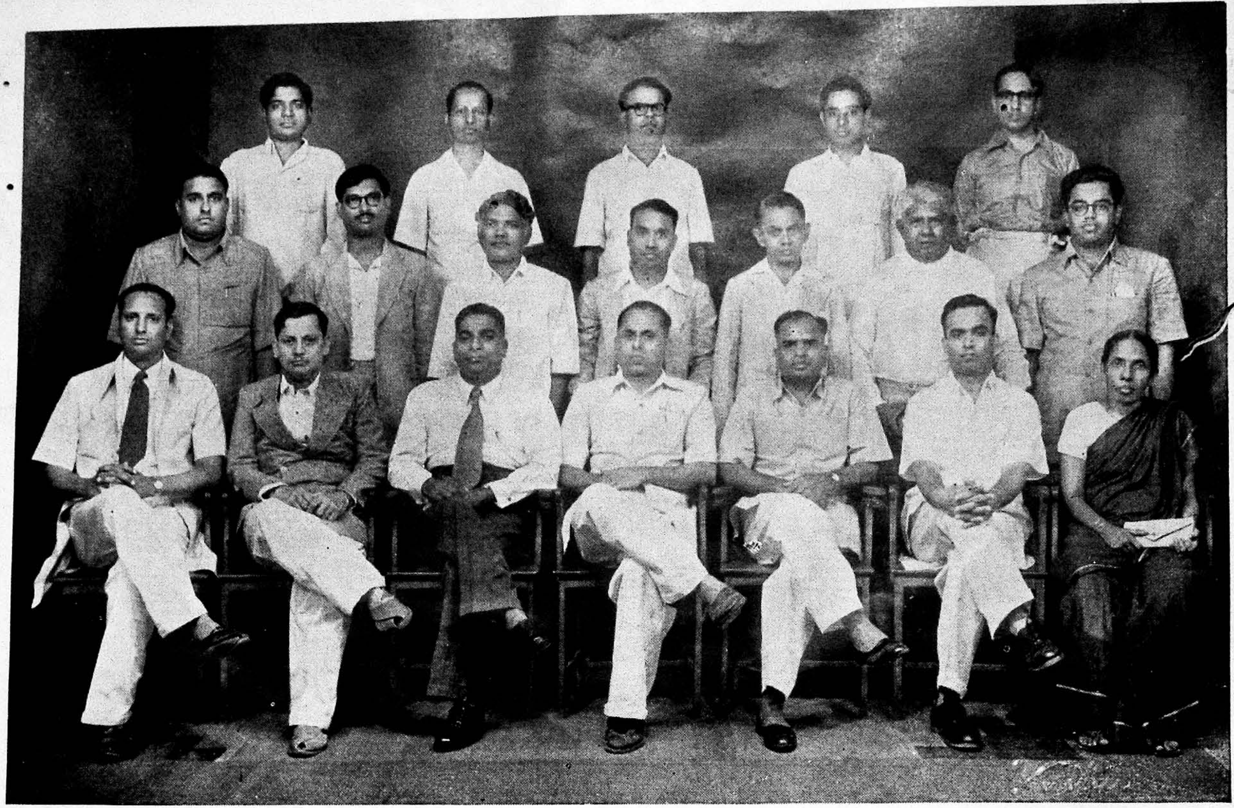

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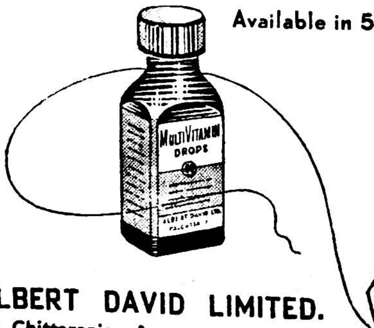

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Welcome Address

BY

DR. R. PARTHASARATHY L. I. M.

★

Sir P. T. Rajan, Mr. President revered Principal, Brothers and Sisters.

IT is now my pleasant privilege to extend to you a hearty welcome to this 23RD CONFERENCE OF THE L. I. M. DOCTORS on behalf of the Reception Committee.

We are indeed thankful to you, Sir, for accepting our invitation to deliver the inaugural address of this 23rd Conference. Your august presence in our midst reminds us of the magnificient personality of Sir P. Ramarayaningar, the Raja Sahib of Panagal, who was mainly responsible for rejuvenation, recognition and encouragement of the indigenous systems of medicine in vogue in this presidency.

We are indeed fortunate that we have been able to secure the services of our president Dr. Badarinarayana to preside over the deliberations of this Conference and we are thankful to you Sir, for your acceptance of our request to preside over this Conference.

Our thanks are also due to our revered Principal Vaidya Ratna Capt. G. Srinivasamurthi, who has kindly consented to preside over the Scientific Sessions of this Conference. It is needless to mention Sir, that it is due to your untiring efforts even after retirement towards the cause of the institution, that the College has obtained the present status. We extend to you, Sir, a hearty welcome.

My brethren in the profession of Indian Medicine, I am grateful to you for the honour you have done me in asking me to be the Chairman of the Reception Committee.

This oldest body of the L. I. M. Doctors, meeting as it does in its 23rd Session in this historic city of Madurai, would have carried weight, if for nothing else, at least for its long past, but representing as you do the L. I. M. Doctors of this State; you and your predecessors in the profession have filled a very significant place and made a lasting contribution to the popularisation of indigenous systems of medicine in this State. L. I. M. Doctors have not only been pioneers in Indian System of Medicine, but a sort of basic medical practitioners forming a very useful and broad base of the Indian Systems of Medicine. Indeed, the practitioners in Indian Medicine have been much more than that. They have been the poorman's or people's Doctors helping to give medical relief to the common man, inspite of his slender resources.

L. I. M. Doctors as a class, have every reason to be proud of the place they have filled and the work they have done, although it is regrettable that they have not received their dues either from the people or the State. You have so far been treated without cause as an inferior species of humanity not worthy of taking your seats along with your more fortunate brethren the Allopathic doctors. I see no reason why this should be so. On the contrary, reason and justice are all on the side of giving full recognition to the work and worth of the L. I. M. Doctors. Our demand that we should be put on a level of equality with other medical practitioners of the land working in the Local Fund or Rural Dispensaries is still a cry in the wilderness. I do not see why L. I. M. Doctors should not be allowed to issue international certificates of vacacin-

tion against cholera and small-box, although they may perform the actual vaccination. Particularly, is this true, when we keep in mind the fact that the qualifications required of a L. I. M. Doctor in recent years have been raised sufficiently. In knowledge and ability, numbers of L. I. M. Doctors will not compare unfavourably with the vast majority of the medical practitioners of any other category. And, when we think of the fact that before the next decade is out, probably, medical relief will be a universal feature in all villages. There does not appear to me any valid reason why Doctors with L. I. M. qualifications should not be assimilated into the ranks of Civil assistant surgens and only one common register of Practitioners be instituted. Once this is done by this National Government, I have no doubt, other things like appointment in Government Hospital and under Community Projects and N. E. S. will come.

Now that the status of the Indian School of Medicine has been raised to that of a College, high educational qualifications have been prescribed for entry into the College of Indiginous Medicine, such recognition will only mean recognition of merit fortified by ripe experience as against recognition or preferment given to newcomers of doubtful merit not improved or enriched by experience. I believe it is time, that this reform was made and this unnecessary invidious distinction abolished.

We are a free people now and the country is turning a new leaf and learning to walk the democratic path. Let the Government usher in this new era by a new deal to the L. I. M. Doctors of this State. All that is required to be done in this behalf is that the Government should amend or cause to amend the rules by which it discriminates between a L. I. M. Doctor and Doctors of modern system of medicine working in mofussil or rural hospitals and dispensaries.

I hope, this reform will come soon. But, whether it comes soon or late, I should like to urge on you to turn a new leaf to give yourselves a new deal. We should make concerted efforts to raise the level of our professional conduct and achieve for ourselves a new and higher dignity.

It should not be our role to coin money out of people's misery or disease. We should learn to regard ourselves as servants of the people and generally function so as to improve the public health of millions of our countrymen.

You, gentlemen, have a special responsibility to the rural population of our State, because you are so much nearer to them and a new deal from you will just provide that new touch and that new breath of life that will revive the common humanity in the land give it the health and enable it to function with new vision, new vigour and new courage. You are better placed to lead the country forward towards the realisation of the ideals of a Welfare State. If you do this and fulfil your part of the obligation, social and governmental recognition of new status will follow. But, in any case, you will have acquired a new dignity and achieved a new status for yourselves.

I do not propose to anticipate the results of your mature deliberations at this Conference. I have no doubt that under the able guidance of our esteemed President of this Conference, you will discuss all questions relating not merely to the betterment of the lot of our brethren in the profession but also suggest how the various systems of medicine can be made coordinating agencies in giving medical relief to the suffering humanity at large.

Please permit me to welcome you once again and thank you all for your presence on this occasion.

Presidential Address

by

DR. JAMMI VENKATA BADARINARAYANA, L. I. M.,
MADRAS.

Honoured Professional Brethren and Sisters, Revered Guruji, distinguished Invitees and Friends:

"Learned in the Science, skilled in the art, endowed with the healing touch of Amrithahastha, free from greed or covetousness, kindly and compassionate, the man of strong will, clean life and pure heart, such is the description of one qualified to be a Physician."

Thus said our revered preceptor, Vaidyaratna Captain G. Srinivasamurti Garu, at the Scientific sessions during the 22nd L. I. M. Conference, at Vijayawada. I commence quoting the above for, I and several of you present here commenced our Professional life qualified from the Medical Institution which owes a great deal to him as its first Principal and I may also call him its Architect.

I am deeply grateful to you all for the honour you have so kindly bestowed on me in electing me to preside over this Sessions. I am indeed very deeply moved by your enthusiastic reception and hearty welcome accorded to me in this ancient historic pilgrim centre of Tamil Nad.

To be elected to preside over a Medical Conference, is perhaps the highest honour that may be conferred on a Doctor, but the Presidentship has also its own responsibilities and burden. Several personages of distinguished eminence and professional career have occupied this honoured chair before and have contributed their best for the progress of the cause of our Association and institution. I hope my burden will be made very light by your kind co-operation and guidance. Let me assure you that I shall strive my best for the cause, dear to us all.

It is indeed a privilege given to me to occupy this Chair by the side of our honoured opener Sri P. T. Rajan. I had the opportunity of meeting him in 1932 when he had very kindly visited my father to pay tribute to him on his 60th Birthday Celebrations at Mylapore and it is a great pleasure for me to-day to renew that acquaintance with him.

We miss in this gathering some of our very valued and intimate colleagues and workers who have passed away in the recent period. We mourn their loss and convey our sympathies to their families.

PAST HISTORY — OUR FUTURE PLANS AND HOPES.

In my address as the Chairman of the Reception Committee of the 18th L. I. M. Conference at Madras in 1949, I said: "Much water has flown under the bridges between then and now. Apparently we have stepped into an altogether a different phase of Medical life where the struggle to establish the ideal of 'the unity of knowledge and purpose' does not seem to be so acute as it used to be just a decade ago"; and I may hasten now to say that much more has since flown and happened. Time has practically gone when people

merely talked of Ayurveda, its zenith and decline. Time has come when its glory in the past and its promising future are being realised and appreciated. Since 1925, the period of inception of the School of Indigenous Medicine, Madras, now the College, quite a large number of Practitioners, now nearly 1400, have started their professional career and acquitted themselves doing eventful service so well, that they and those responsible for their education, feel proud of them. We, no doubt, feel a welcome change everywhere and even those, who at one time, were opposed to the Science of Indigenous Medicines, now come round to appreciate the usefulness of these Systems. We had to face several ordeals, meet several obstacles and oppositions from several quarters, but that is perhaps so in every struggle. The past history of Indigenous Systems, their present progress and achievement in the public field should suffice any one, even the narrow minded, to understand its value and merits. When we view the progress now made, we forget these ordeals for a while. But, we have yet a great step to go ahead to achieve our ideal.

Our Chief Minister, while declaring open the newly constructed College and Hospital Buildings of the College of Indigenous Medicine at Madras on 9-3-55, said:

"The Institution was growing from strength to strength and on healthy lines. It seemed to him that the Students of the Institution entertained fears about their future and the standard of training. They should not think that there would be lowering of the standards of Medical training. Those who passed out of the College of Indigenous Medicine were in no way inferior to Medical Practitioners trained in other Institutions. In fact, those trained in other Medical Institutions were inferior to them since they had no knowledge about the Indigenous systems of Medicine." He assured the Students that there would be no lowering of Standards, on the other hand, every effort would be made to raise the Standard.

Our Hon'ble Minister Mr. A. B. Shetty said on 9-3-55:

"The steps taken for the construction of New Buildings, the setting up of Laboratories, the revision of the curriculam and the introduction of one year's compulsory course of House Surgeoncy, had contributed in a great measure to the progress and popularity of the College & Hospital of Indigenous Medicine. The teaching staff of Modern Medicine at this College would be absorbed in the Madras Medical Service."

Although we are pleased at these statements, we have to say that they require positive action. I appeal to both our Chief Minister and the Health Minister to kindly take steps to implement these statements and in particular to decide favourably the Registration issue about which I shall deal with later.

INTEGRATION, SYNTHESIS & CO-ORDINATION OF MEDICINES.

This subject is the topic of the day at almost every Medical Meeting and Conference.

In his address at Jodhpur on 1-4-55, our Revered President, Dr. Rajendra Prasad, said:

"It should be remembered that India would not be benefited by the Western System alone. The Indigenous System which, in spite of long neglect, was the only treatment available to the bulk of Indian masses, should also be developed. A proper co-ordination of the two Systems was the only way to solve the Health problem of India."

I agree most respectfully with the views expressed by the President of our Republic. I am confident that he would press his views on his ministry at the

centre. The recommendations in the Chopra Committee Report (Report of the committee of Indigenous Systems of Medicines, appointed by the Govt. of India) are really good, practical and economical and I request our President Hon'ble Dr. Rajendra Prasad, to kindly see that these are accepted and the recommendations therein implemented. They are accepted generally by all Practitioners and Associations of Indigenous Medicines.

MEDICAL EDUCATION.

On the point of Medical Education in the College of Indigenous Medicine, our Health Minister Sri A. B. Shetty said on 17-2-55:

"Government were giving a 4½ years Course to Students of the College who were allowed to work in their home Dist. Headquarters Hospitals during the summer vacation and at the end of the Course they had to undergo a compulsory House Surgeon's Course in the Dist. Headquarters Hospital. The standard of Education was very much improved and they had been made eligible for appointments in Institutions, not only of Indigenous Medicine but also of Modern Medicine under local bodies. The recommendation of the Chopra Committee was to have an integrated System of Medicine, neither Western nor Eastern. Medicine belonged to the whole world and every country had made its contributions to it. It was on the recommendations of the Chopra Committee that both Modern and Indigenous Systems of Medicine were being taught in the College. Provision was also made for study and research in Ayurveda and there were a number of Rural Local Fund Dispensaries where the Indigenous System of Medicine was being administered. Practitioners of the Indigenous System were also permitted to do Post Mortem Examination."

Our Dean of the College, Dr. A. Srinivasulu Naidu in his address on 9-3-55 said: "A change in the curriculum of studies eliminating certain unnecessary subjects which were not of use at present, had been made."

We are sorry, that in the name of improving the standard of teaching in the College of Indigenous Medicine, drastic steps to reduce the quantum of teaching of Indigenous Subjects, are taken by the Government. The Government will do well not to interfere with the curriculum of studies which was drawn on the recommendation of the various Committees which consisted of experts on the subjects from time to time.

ANDHRA GOVERNMENT AND AYURVEDA.

The Government of Andhra appointed an expert committee for Ayurveda, in June 1954 with Dr. A. Lakshmipathi, B.A., M.B. & C.M., as Chairman and Dr. Y. Suryanarayana Rao as Member Secretary. The Committee's Report was submitted in August 1954.

The Committee recommended, besides several other far reaching points:

1. Opening of Central Ayurvedic College,
2. Opening of several colleges at Dist. level,
3. A department of Ayurveda,
4. A Central Board of Indian Medicine with the name Andhra Ayurvedic Council, - and
5. Enacting of a Bill immediately, "The Ayurvedic Medical Practitioners Act".

We heartily welcome these main recommendations.

But we have certain points to differ:

The majority recommend.

1. Opening a Central College of Ayurveda with two sections, Sanskrit and Telugu, with five years' course, Sanskrit being compulsory for both the sections.

For Telugu Section its recommendation regarding the qualification for entrance was that there shall be an entrance examination for admission into the College with 3 papers. The students appearing for examination are to have (1) B. A., standard in Telugu (2) re-organised Oriental High School standard in English and general sciences and (3) Inter University standard in Sanskrit. Admission to the Course is only for those who pass the entrance examination.

The title to be awarded to the Sanskrit Section Graduates is recommended as 'Mahopadhyaya' and that for the Telugu Section 'Ayurveda Acharya.' But the minority members have a different view.

The Majority members seem to have not considered the practical aspect of the question, *viz.*, whether it would be possible to get students of such standards. Also the degrees recommended by them do not sound well and besides there are already similar titles in vogue awarded by private bodies. The minority members also recommend sanskrit knowledge but the basic qualifications are recommended to be Inter with Bi. P. C., group, sanskrit is to be compulsorily taught in the first year and they are to be permitted to continue the course only after passing the examination in Sanskrit. The majority members also recommend another degree course of four years at District level as 'B. A. V.' or 'Ayurveda Visarada'. The minority Members' suggestions is a diploma course of four years instead. They hold that 'B. A. V.' and Ayurveda visarada' are no synonyms and the standards are different. I am of opinion that in regard to qualifications prescribed for entrance, Degree or Diploma to be awarded, etc., the recommendations of the minority are worthy of consideration.

The decision of the Andhara Government now remains to be seen. They will do well to begin starting Ayurvedic Dept. and teaching institutions, hospital, Central Board of Indigenous Medicine etc., - first enacting the Medical Registration Act for the Practitioners of Ayurveda as recommended by the Committee and making everything Statutory. They should state clearly in advance the status and emoluments that the future graduates would receive and should also plan out places for absorbing the incoming graduates. Preplanning will help to avoid possible conflicts and hardships that the students might otherwise be put to.

A central Board of Indigenous Medicine for Andhra State may immediately be constituted with the present Andhra Members that are on the Central Board of Indigenous Medicine, Madras, on the analogy and principle adapted in constituting the Andhra Assembly at the time of partition. Fresh elections to the Board in Andhra may be held at the earliest date.

A post for a fully paid competent Special Officer may be created now for Andhra for better Administrative work of Ayurveda and its institutions.

I hope the Government of Andhra will seriously consider our view points in deciding their plans in matters of Medical Education and relief with particular reference to Ayurveda and plan them quite appropriate to the conditions present.

STATE CONTROL – REGISTRATION AND DRAFT BILL FOR INDIGENOUS MEDICAL PRACTITIONERS.

This matter is being repeatedly agitated by us. Almost from the first batch of L. I. Ms, the necessity for the registration of L. I. Ms under the Madras Medical Registration Act of 1914, was being continuously urged by us on our Government. This is possible by enlarging

its schedule of the Institutions Registrable under that act adding to its Schedule "The Government College of Indigenous Medicine" also and our Government is perfectly competent to do this. We even produced high legal opinion to show that such an inclusion is possible and that there can be no legal bar in its way. But, nothing has so far been done in that direction.

On this matter of registration of Practitioners of Indigenous Medicines under the Madras Medical Registration Act of 1914, our Hon'ble Minister for Health said on 17-2-55 "The Madras Medical Council was opposed to it and the Chopra Committee also recommended that they might be registered under a separate Statute."

The following is the actual recommendation of the Chopra Committee:

"In view of these reasons, our opinion is that the register of practitioners of Indian Medicine should be separate from that of the practitioners of Western Medicine for the present. We, however, hope that as the standard of education in the Colleges of Indian Medicine rises, and as in time, the non-institutionally qualified practitioners fade out, the question may be reviewed and the desirability of having one register considered."

From the recommendation of the Chopra Committee quoted above, it is seen that the question of one Register can be considered as the standard of education in the Colleges of Indian Medicine rises. As far as the Standard of education given in the College of Indigenous Medicine, Madras is concerned, it is fairly high as expressed by our Hon'ble Ministers and hence there cannot be any objection for including the allumnii of the College of Indigenous Medicine, Madras, in the same Register maintained for the Practitioners of Allopathic Medicine.

Last year when the L. I. M. Association was asked to prepare and submit a separate Registration Bill, (Draft) we prepared one after a careful study of the Bombay Medical Registration Act of 1938, the U.P. Indian Medicine Act of 1939, and similar statutes, and submitted the same to our Government, but we were pained to see that quite a different draft bill was published in the Fort St. George Gazette Dated 31-12-54. It was altogether a different bill on several points and could not be accepted by us.

Once again, I may state that it is highly possible and practicable to maintain one common Register, provided the Govt. considers the point with all its seriousness. I am hopeful that our Chief Minister and Health Minister will kindly consider all aspects of the matter and decide favourably and amend the Schedule, of the Madras Medical Registration Act of 1914, adding our Institution to it.

REQUEST FOR A HIGH LEVEL CONFERENCE

The interest and love of our Congress President Sri Dhebarjee are too well-known and we understand that he is closely associated with the Ayurvedic Institutions in Jamnagar, and Sourashtra. Our Congress Leaders have, time and again, professed patronage and up grading of our Ayurvedic Science. But, the support, as yet, from the Centre and the States, is far below our expectations. I make bold to put forth a proposition before our Congress President now for his kind consideration and necessary action.

Our President of the Congress may kindly bring about a small but high level and representative conference of the following, to decide on a substantiative step for the promotion of Indian Medicine, in a co-ordinated and planned way of a uniform policy throughout our country.

1. The Congress President Sri Dhebarjee
2. The Union Health Minister
3. Col. R. N. Chopra

4. Capt. G. Srinivasamurti
5. President of the Indian Union
6. The Central Govt. Minister for planning and the Chairman of the Planning Committee.
7. The President of the L. I. M. Association.
8. The President of the National Medical Association of India, Vijayawada and
9. the President of the All India Ayurveda Mahamandal.

I believe this step is the best course to plan effective schemes for better propagation of Ayurveda and to solve problems of health and Medical relief in India. I once again hope and appeal to our Congress President to bring such a conference into being.

RURAL MEDICAL AID.

This has become a regular topic of discussion both by the politicians and Medical Men as well. We however, fail to see any substantial progress or change or relief as yet. What is it that stands in the way of qualified Practitioners migrating into the Rural areas for organising the relief, should be understood. If this aspect is correctly understood and satisfactorily answered, then perhaps it may not be difficult to immediately formulate proper schemes and attract the required number of Doctors to go and settle down even in the remote Rural areas. The time and money they had to spend on the long and costly Medical Course and their environmental aspects, must be points for consideration, in fixing the subsidy or allowance to the Medical Personnel and it should be commensurate with their living conditions. It would be worthwhile to avail the services of the Practitioners who are already in villages by offering them increased allowances. The Madras Government are experimenting with a new Scheme. It is the training of Village Vaidyas. The Village Vaidyas no doubt are of some assistance to the villagers and those outside the urban areas when no other Medical Relief is available. But the method of selection of candidates to the course is unsatisfactory. It is not according to the recommendations of the Chopra Committee, though the scheme is from its recommendations. Further the so trained Vaidyas are not in all cases residing in the villages and most often they are found practising in urban areas. The lacuna shall be filled in and the course made to serve its real purpose.

It is perhaps worthwhile understanding the methods followed by the authorities in Nagpur (Madhya Pradesh).

They are said to have short term courses in Allopathy and Ayurveda for three years separately. They offer stipends to students on agreement to serve in the rural areas and the practitioners so trained are compulsorily made to man the Rural Dispensaries. It is learnt that the authorities there, are not finding it difficult to solve the problem of Rural Medical Relief.

We commend to our Govt. this experiment. They might permit the local Boards to grant stipends to students of Indian Medicine and take agreements from them, binding them to serve in Rural Areas for certain period with better facilities and satisfactory emoluments.

It serves no purpose and solves no problem by simply arguing that want of proper personnel alone stands in the way of affording proper Medical Relief in the Rural areas. A correct assessment of real conditions should be made and the relief properly planned.

In this connection, I may be permitted to quote from the 'Hindu' D/13-2-55 under "Medical Aid in Rural Areas" an extract from an Article by Dr. C. R. Krishnaswami, which inter alia reads,

"Medical Men will go to the ends of the earth when once they know that

there is plenty of interesting work to do, that there is a house where they can go straight away for occupation and that there are facilities for doing a type of work superior to that in an ordinary out patient Clinic.

Select just at the outskirts of a village, a flat poromboke land, with Electric main running close by, taking care that there is a good water supply. If not dig a deep well, build a few huts to subserve the following purposes :

(a) Two Big Huts to accommodate 15 male and 15 Female patients, respectively.

(b) A smaller hut to locate a dispensary and a store room.

(c) Another hut to house the O. P. Clinic and a small minor operation theatre and an Office.

(d) Three huts situated a little apart to serve as residence of the Medical Officers.

(e) Three or Four huts for the residence of the Menial Staff.

Open a special cadre styled "The Rural Medical Service" with Provident Fund facilities for them. Allow them facilities for practice. Give them a share from the collection from the paying patients.

Make it a rule that every Medical Man seeking entry into Provincial Medical Service must put in one year's service in these Units. If he finds it interesting he will probably change his mind and prefer to opt to the Rural Medical Scheme.

This scheme appears commendable. I hope these will be seriously viewed by the Government and best consideration will be given to the various aspects detailed herein.

RESEARCH

"RESEARCH." The time is already long over that this matter had received its utmost importance. Some little work is done and a good lot and more work has yet to be done.

Professor M.L.E. Oliphant, President of the Australian Academy of Science, said recently at Bombay on 4—3—55, "Sad though the tale be of the man put through the utilitarian mill of modern education on the Science side, the state of the man who does no Science is far worse. This poor unfortunate man often pretends to be proud of his lack of knowledge of Science ; he is cut off from the real world in which he lives among people whose technology he despises ; if he attains a position of authority he is apt to make decisions unrelated to reality with appalling results for others ; his knowledge of the past often obscures his vision of a different future. The real man of Science, the seeker after truth, is aware of the paucity of his real knowledge but has an infinite faith in the ability of man to know and to understand. He knows that knowledge is never certain but that it grows with the efforts of man and so ultimately some men may find the truth.

We of course know that the States of Madras, Jamnagar and a few other States are trying to do their best in this respect. Experiments conducted have shown that Indigenous Drugs are marvellous as remedies and are fit to be incorporated into the Modern Pharmacopea. Several latest developments in the field of Medicine have come out and what is it that contributed to it ? RESEARCH AND STATE SUPPORT. I am happy that our Government have now taken up these matters. Certain observations of our Union Dy. Minister for Health at Poona on 3—4—55 are worth noting here.

It reads: "The Union Govt. has formulated a Scheme to assist Research in Ayurveda with the specific purpose of securing from this ancient system all that was good and useful for mankind. As a result of the recommendations of the Pandit Committee appointed in 1949 for the purpose of formulating the lines on which the Research in Ayurveda should be promoted, a Central Institute of Research in Ayurveda had been established at Jamnagar and it was also proposed to start there a separate centre for Post

Graduate training in that subject. The Union Govt. had also made a provision of Rs. 37½ lakhs in their First Five Year Plan for promoting Research in Indigenous Systems of Medicines. She assured that the Union Government would sympathetically consider requests for grants for research in Ayurveda from Institutions all over India."

It will not take us farther if we merely repeat the greatness of our System. Clinical proof is required to the medical world. The Drugs that we often employ, the outstanding results obtained, together with case records should be publicised with our reports. Such a publicity will certainly help and only by such public reports, the merits of our Indigenous Drugs will be made known. Let me hope, with the opportunities the Union Government is prepared to offer, there will be a general progress in this branch as well.

MANUFACTURE OF DRUGS STANDARDISATION - AND NECESSITY FOR AN UP-TO-DATE PHARMACOPEA.

The importance of better Drugs and need for an up-to-date Pharmacopea have been long stressed. That the merit of any System depends mostly on the quality of Drugs, needs no repetition. Scrupulous observance of the formulae and strict control of the process of manufacture should have greater attention and collaboration. Indiscriminate manufacture and sale should be discouraged and controlled. Advertisements of Drugs of doubtful value, no value require the State's serious attention. I am happy that the Central Government have taken up this matter and a Drug Act controlling the advertisements is now brought into force. Let me assure the Government on behalf of you all, that we shall co-operate and contribute our best to its success.

The necessity for the rewriting and developing of several of our Medical Books on the modern lines, have been a long felt want. I understand our Government are also now keen on this and it will be a happy achievement when such a compilation becomes complete.

EMPLOYEES STATE INSURANCE SCHEME

We all are aware of this Scheme and it aims at Medical Relief for the labour. We are glad to note that the Scheme will shortly commence in Madras City.

The fact that Indigenous systems of Medicine proved the main stay of Medical Relief in the Country must be well borne in preparing panels of Medical Personnel for the Scheme.

It may be well known that in Coimbatore where the Scheme is in force, there are no L. I. Ms or G. C. I. Ms on the Panel.

It is hoped, in Madras where the Scheme is shortly to commence, the L. I. Ms and G. C. I. Ms also would be taken and placed on a par with the other Medical personnel and we request the Government and the concerned authorities to give this matter their deep consideration.

We request our Hony. Director of Indigenous Medicine to take up the matter with the Government so that he may be consulted along with the D. M. S. in the selection of these panels, with a view to include the G. C. I. Ms and L. I. Ms on the Panels.

MEDICAL CHECK UP IN INSTITUTIONS - AND MEDICAL EXAMINERS OF INSURANCE COMPANIES

We know of the Schemes for periodical check up in Educational Institutions. While no doubt L. I. Ms are engaged in some of these, it is a matter for regret that their number is not in proportion to the number of practitioners, L. I. Ms or G. C. I. Ms. We urge the authorities that L. I. Ms and G. C. I. Ms should also be entertained in good number.

So it is with the Insurance Companies. I propose that L. I. Ms and G. C. I. Ms should be equally recognised with the other Members of the Medical Profession by these Insurance Companies and be appointed as their Medical Examiners. I

hope this injustice will not long continue. The Insurance Companies must be well aware that L. I. Ms and G. C. I. Ms do not lack in the required knowledge and experience for the proper examination of the prospective parties and this fact has already been recognised by the Government.

COMMON ASSOCIATION FOR L. I. Ms. & G. C. I. Ms.

Our Association has so far been functioning as "L. I. M. Association." With the withdrawal of the L. I. M. Course and the upgrading of the Institution to a College, and with the coming into the field the G. C. I. Ms., I feel that a change in the outlook and composition of the Association is needed, whereby both the L. I. Ms. and G.G.I. Ms can be members Hand in Glove, in a common Association. Our aim is upgrading and better propagation of the Indigenous Systems of Medicine, however high our training and knowledge in the Western Systems might be. And it is only by such unified Association and common work that the aims and objects could be better fostered. I feel that G. C. I. Ms and L. I. Ms may join and form a common Association and work to strengthen it.

PRIVILEGES.

We are grateful to our State Government for the facilities afforded to the L. I. M. Students to work in the Dist. Headquarters Hospitals as House Surgeons and Physicians. It will be more commendable if our State Government permits the L. I. Ms that have finished the prescribed course of House Surgeoncy, for appearing for the G. C. I. M. Examination straight away without imposing restriction of a study for two years.

The Government passed orders in 1953/54 permitting appointment of G. C. I. Ms and L. I. Ms in L. F. Dispensaries and Hospitals of Modern Medicine. But, I may ask, if they are at all been appointed in the services; barring perhaps one or two instances there are no further appointments. The Government are requested to allot certain percentage of appointments to G. C. I. Ms and L. I. Ms in L. F. Dispensaries and Hospitals of Modern Medicine and appoint them every year, irrespective of the availability or otherwise of the graduates of the Modern Medicine. Unless such a regular provision is made the G. O. will not be of any real effect.

OUR BASIC QUALIFICATION— IMPORTANCE OF AIMS AND OBJECTS

Here, I may quote what Sri C. Rajagopalachari has said in his address to the inmates of the Government College of Indigenous Medicine and Hostel, at Madras, on 27—2—55:

"Charm of Modern Medicine should not lead you to discord or neglect the knowledge of ancient literature. Our Ayurveda Doctors would have fallen into ruins but for this Institution which is sending out a new generation of young men, who have the courage to call themselves Ayurvedic Doctors and also tell people that they know all about Anatomy, Physiology and Modern Medicine."

Let us prove this in our daily and practical life. We have a duty and greater responsibility, as Practitioners of Indigenous Medicine, to work and prove the yet hidden merits of our System of Medicine. I wish, I need not say more on this matter but would hope and impress on my Brother Practitioners that our basic qualification should never be neglected, while we might also employ in our Practice some of the Western Medicines and methods.

Eminent personages gathered here, I heartily thank you for your kind and patient hearing of this my address. I request you to give your utmost attention and careful consideration to some of the propositions made by me. Let us proceed in a greater spirit of strength and goodwill and strive for the better propagation of the Indigenous Systems of Medicine.

I thank you again.

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THE URGENT NEED FOR POST-GRADUATE TRAINING AND PREPARATION OF INTEGRATED TEXT-BOOKS.

"Old Ayurveda, modernised and rejuvenated, will not only be the National Medicine of India but will play no small part in the uplift of the international system of the world." So said the late Col. Knowles, I. M. S. (Retd.), the distinguished Medical Scientist who served for many years as Professor and Director, the School of Tropical Medicine, Calcutta.

To achieve this high objective, we require proper research personnel for our Research Institutes as the one at Jamnagar, proper professional personnel for our modern Schools and Colleges all over the country and the proper Editorial personnel for the preparation of unified and integrated Text-books incorporating into Indian Medicine (i. e. Ayurveda, Siddha and Unani) whatever is of proven utility in Modern Medicine, conformably to the wise precepts of Charakacharya, the great father of Ayurveda who laid down the following rule for our guidance: "There is verily no end to the Science of Ayurveda; hence constant application in its pursuit should be practised vigilantly; this also should be done to acquire skillfulness in practice from others without feeling any humiliation. Unto men possessed of intelligence, the entire world is a teacher; unto men destitute of intelligence, the entire world acts as enemy. Hence everything should be examined thoroughly by the wise and the teachings of even an enemy should be learnt and incorporated if they are found to be excellent, praiseworthy, life-preserving and beneficent to the people." (Charaka-Vimanasthan-VIII-14).

न चैव ह्यस्त्यायुर्वेदस्य पारं, तस्मादप्रमत्तः शश्वदभियोगमस्मिन् गच्छेत्, एवञ्च कार्यम्, एवंभुयश्च वृत्तसौष्ठवमनसूयता परेभ्योऽप्यागमयितव्यं, कृत्स्नो हि लोको बुद्धिमतामाचार्यः शत्रुश्चाबुद्धिमताम्, अतश्चाभिसमीक्ष्या बुद्धिमताऽमित्रस्यापि धन्यं यशस्यमायुष्यं पौष्टिक लौक्यमभ्युपदिशतो वचः श्रोतव्यमनु विधातव्यं चेति ।

For the lack of proper personnel possessing the knowledge of both Indian and Modern Medicine, work concerning each Research problem has still to be conducted in our modern research institutes as the one at Jamnagar, through two separate teams of experts—Ayurvedic and Allopathic—instead of each such problem being approached as a single problem by experts possessing integrated knowledge of both Ayurveda and Allopathy. Likewise, the teaching of each subject in our Modern Schools and Colleges of Indian Medicine has still to be conducted by concurrent and parallel teaching of Indian Medicine and Allopathic parts of each subject by separate experts of Indian Medicine and Allopathy, respectively involving un-co-ordinated instruction, avoidable repetition and wastage of time. We need new integrated Text-books of Indian Medicine

giving to the students, in a single Text-book for each subject, an up-to-date knowledge incorporating into Indian Medicine whatever is of proven utility in Allopathic practice. Furthermore, the Ayurvedic Text-books now in common use like Ashtanga Hridaya, Charaka and Sushruta, though wonderfully and incomparably excellent so far as basic principles and rationale of treatment are concerned have to be suitably edited for the use of the students of the modern Schools and Colleges of Ayurveda. For example, in a subject like Medicine (Kaya Chikitsa) the Ancient Text-books give a large number of Kashayams, etc., many of which are not now generally prescribed by the teachers and other practitioners. On the other hand, a number of medicines not included in those Text-books like Bhasmas, Sinduras, Rasa preparations etc., but taken from separate Rasa treaties and local usages (Sampradayams) are in common use by the generality of successful practitioners of to-day including our teachers of Ayurvedic institutions. The result is that in actual practice, there have been both additions to and subtractions from the Texts of our ancient Text-books on Medicine. The students find that they are taught by the teachers of Medicine many things not generally used in actual practice of to-day, and are not taught things actually used by successful practitioners including their own teachers themselves. This divorce of practice from theory has an unhealthy effect on the minds of students and is one of the causes which make them have more attraction for the use of Allopathic Medicines where Theory and Practice are in conformity with each other. Furthermore, the present day students of our Modern Schools and Colleges of Ayurveda are keen on having modernised and up-to-date teaching of Ayurveda, conformably to the precept of Charaka, already cited, of learning things of proven value from every source - "even an enemy". Our new integrated Text-books should be comprehensive and yet, concise giving to our undergraduate-students mainly such teachings as are in actual use at the present day and needed for the use of our graduate general practitioners in their actual day-to-day practice. Such of them as are interested to know of higher things can study such things for themselves later on or at Post-graduate centres for higher study. The urgent need today is to replace the present system of parallel and Collateral teaching though two separate teams of experts - Indian Medicine and Allopathic-on the basis of two separate Text-books, by a system of imparting instruction of integrated knowledge of both parts of each subject by a single set of teachers capable of teaching on the basis of a single intergrated Text-books for each subject as envisaged by the recommendations of the Chopra Committee of the Government of India (1948). As long as this highly desirable objective is not accomplished, the present unsatisfactory feature over the battle of hours to be alloted in our Time-Tables for the sections of Indian Medicine and Allopathic Medicine of each subject will continue to plague us without respite and without end. In dealing with this question, the Chopra Committee stated that, "under present conditions, the objective of integrated unification and synthesis has to be reached by three steps. In the first step, there will have to be concurrent and parallel teaching, as has been the case for some years past, each part of the subject - Ayurveda & Allopathic-being taught by their respective teachers and in different classes". "We however, hold" observe the Committee "that the study should as far as possible be made more Synthetic and Comparative. For this purpose, the teaching of Ayurvedic and Western subjects should preferably be by teachers holding both allopathic degree as well as a diploma or degree in Indian Medicine. In this way, and in course of time the lecture-notes in each subject could form the basis for the preparation of what may be called "unified Text-books". It is also hoped that when the unified Text-books have been made ready it would not be necessary to continue the present practice under which the Ayurvedic and Allopathic parts of each subject are being taught by

two separate teams of lecturers and the examination in each subject is conducted by two separate sets of examiners.

"The second step will be the teaching of each subject by the same teacher, instead of by two or more as previously, who will give the students a unified view of the Indian and Western Medicine. Every attempt must be made to reach this stage as soon as possible for only then shall we have qualified practitioners imbued with the spirit of ancient Ayurveda, and well-equipped with all that modern Science can give, who will be capable of ministering fully and satisfactorily to the needs of our people.

"The final step will result from the work in the Research Institute, where eminent experts of the Western and Indian systems will work side by side-discussing, testing, checking and verifying the various hypotheses and theories, with a view to either rejecting or harmonising them. It is also possible that some of the theories may be such as can neither be reconciled yet nor rejected, but can be used as parallel hypotheses, in the same nanner as Modern physics uses the Wave and Corpuscular theories to explain the phenomenon of light, as has been shown by Vaidyaratna Capt. G. Srinivasa Murti in his memorandum to this Committee."

It will be seen that the Chopra Committee state that, even in the first stage of parallel and concurrent study "the teaching of Ayurvedic and Western subjects should preferably be by teachers holding both allopathic degree, as well as a diploma or degree in Indian Medicine. In this way and in course of time the lecture notes in each subject could form the basis for the preparation of what may be called "unified Text-Books." The preparation of such unified and integrated Text-books will require a team of experts for each subject preferably Ayurvedic experts trained in Allopathy and Allopathic experts trained in Ayurveda with a competent expert of both Allopathy and Ayurveda to serve as a General Editor for properly putting together as a co-ordinated whole the manuscripts of the various sectional compilers and edit them as comprehensive and concise Text-books of unified and integrated study so urgently needed for our modern Schools and Colleges of Ayurveda. For the training of Research personnel who are capable of approaching each Research problem from the standpoint of unified, integrated knowledge instead of from the isolated knowledge of an expert of Ayurveda only or Allopathy only as is now the case with the members of Allopathic and Ayurvedic teams of experts in our Research institutes as the one at Jamnagar; and for the training of professorial personnel, capable of imparting instruction on the basis of our unified and integrated Text-books and avoiding the un-coordinated teaching, the needless repetition and the wastage of time involved in the present system of concurrent and parallel teaching by separate experts teaching in separate classes of Indian Medicine and Allopathic Medicine and on the basis of separate Text-books of Ayurveda and Allopathy respectively- for such Research and Professorial purposes envisaged above, the organisation of a suitable centre for post-graduate training on the lines recommended by the Chopra Committee is a matter of urgent necessity.

It is understood that such a post-graduate centre is to be opened shortly at Jamnagar under the joint auspices of the Jamnagar Ayurveda Sabha recently organised under the distinguished and enthusiastic patronage of Their Highnesses the Maharaja Sahib and Maharani Sahiba, the Govenment of the State (Saurashtra) and the Central Government of our Union. Such a post-graduate organisation worked for some years at the Government School of Indian Medicine, at Madras but later on its working was ordered to be discontinued. It is time the organisation is revived and re-organised if necessary. It would be a very desirable objective calculated to yield fruitful result of great importance if provision is made for some

qualified Allopathists to be trained in Indian Medicine, for some qualified practitioners of Indian Medicine to be trained in Allopathic Medicine and for some practitioners of Indian Medicine qualified to the graduate standard to be trained to the higher proficiency of the Doctorate standard. It is from experts of Indian Medicine and Western Medicine trained in such post-graduate centres that we get the proper Research personnel for our modern Research institutes where, for lack of such personnel, each Research problem has to be viewed at present in an isolated way by two teams of experts - Ayurvedic and Allopathic - instead of being viewed in a unified and integrated way as is desirable. It is also from those that are trained in such post-graduate centres that we get the proper professorial personnel for imparting instruction on the basis of the unified and integrated Text-books to be used in our modern Schools and Colleges of Indian Medicine. More than all I repeat and emphasise that we urgently need the immediate organisation for the preparation of integrated Text-books which will avoid, as pointed out already, the un-coordinated teaching, the needless repetition and the wastage of time involved in the present system of parallel and concurrent teaching by separate experts, teaching in separate classes of Indian and Western Medicine and on the basis of separate Text-books of Indian and Westrern Medicine, with its battle over the question of hours to be allotted in our time - tables to Indian Medicine and Western Medicine — a question that still plagues us with a continuing under - current of unhealthy rivalry and hostility between systems which should work together as one united and integrated system, on the basis of the famous dictum of Charaka, the great father of Ayurveda, to the effect that "That alone is the right treatment which makes for health ; he alone is the best doctor who frees us from diseases."

(Charaka - Sutrastana 1:134)

तदेव युक्तं भैषध्यं यदारोग्याय कल्पते ।
स चैवभिषधां श्रेष्टो रोगेभ्योयः प्रमोचयेत् ॥

When the integrated Text-books we have in view comes to be written and published, it may well be hoped that they will be used and appreciated by interested practitioners of all denominations everywhere, and lead to the general appreciation and use of the one united and integrated system the general use of which is a consummation devoutly to be wished. When that comes to pass, it may be confidently hoped that the present unhealthy problem of rival systems would cease to plague us and there will come into being a Healers' Brotherhood and Scientific union in which the present-day warring elements would cease from their quarrelings and work together as friends, colleagues and brothers in Science and Service and for the greater good of humanity. Then, indeed, will come to pass the fulfilment of the prophecy of the late Col. Knowles, the distinguished Medical Scientist which was cited at the opening of this address and which may well form its conclusion. The prophecy cited was as follows : "Old Ayurveda, modernised and rejuvenated, will not only be the National Medicine of India but will play no small part in the uplift of the international system of the world." May this come to pass soon is my fervent hope and prayer.

JAI BHARAT.

★

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BLOOD AND ITS DISEASES

(According to Ayurveda)

BY

Dr. K. K. NAMBIAR, H. P. I. M.

BLOOD—Raktha or Sonitha—is one of the essential dhatus of the body. Among the seven dhatus, Rasa and Raktha are considered to be the most important dhatus as they are the two liquid dhatus that circulate the whole system nourishing the various organs and other dhatus. The circulation of blood is known to the modern physicians only after its discovery by Harvey, but Indian physicians were aware of this even thousands of years ago. A look into the various portions of Charaka would reveal this fact.

Origin of Blood: Blood is formed from the Rasadhatu, which in its turn is formed from the food essence due to the action of the digestive fire on various items of food we take. The essence of the assimilated food matter under the heat of digestion goes towards the formation of Rasa (chyle) and is ultimately transformed into it, its excreted and effete residue being passed out of the system in the shape of stools, and such other things. The ultimate product–Aharararasa–then enters into the bodily principle known as Rasadhatu. There it becomes matured by the action of the heat known as dhatwagni and is resolved into three factors — its excreted matter is transformed into kapha (Phlegm), its thick or condensed portion is transformed into and assimilated in the matured Rasadhatu of the body, whereas its subtle essence is metamorphosed into Raktha (Blood). The Raktha, thus newly generated is merged into the fundamental organic principle of Raktha and there, by the heat of the latter (Raktha-dhatwagni), it is again resolved into three factors, *viz*, its excreted portion is transformed into Pitha (Bile), its thick and condensed portion is transformed or assimilated into the fundamental organic principle of blood and its subtle essence is metamorphosed into Mamsa (muscles). This process of conversion of dhatus takes place till the Sukradhatu is reached. So we find, that the Aharararasa is responsible for the formation of Rasadhatu and from that dhatu, Raktha is formed due to the action of its own heat and also due to the combination of a particular Pitham known as 'Ranjakam'. It is said that the conversion of blood takes place in Yakritha and Pleeha (Liver and Spleen) when Rasa passes through them by the action of this Pitham. (Yakrit pleehanam prapya, ragapakamupaithi rakthasamnjam labhathe.)

Properties of Blood: Blood is sweet and a little saltish in taste. It is neither cold nor hot and it remains in the liquid form in the living body (asamhitham). The colour of the blood varies according to individuals and races. Even in normal blood, different colours are mentioned such as the colour of gold, lotus, indragopa or the colour of the blood of sheep or rabbit. The panchabhuta properties like raw or fleshy smell, fluidity, redness, lightness, and mobility etc. are also seen in the blood. Charaka says that, blood is the 'Prana-life' -of the living beings and it is that dhatu which is responsible for longevity of life, health and good complexion of the body.

Quantity of Blood: Blood is measured by means of Anjali. Anjali means the cavity formed by the cupping of the palms together. This hollow cavity varies from person to person. A person's blood is calculated by the capacity of his own Anjali and it is said that the quantity of blood in human body is about eight

Anjalies which is approximately about eighty ounces.

Lakshanams of pure Blood: One who possesses pure blood will always be healthy and cheerful. He will have good complexion of the skin and his sense organs will be keen in grasping their objects. He will possess unimpaired digestive power, growth of the body and uniform strength. The health of a man is disturbed when there is slight degree of increase or decrease of blood from the normal quantity. The decrease will produce general weakness of the body, emaciation, a sort of dryness, looseness of blood-vessels, hard and rough skin and a desire to take sour and cooling food and drinks. The increase of blood will result in erysipelas, enlargement of liver and spleen, abscess, redness of the eyes, fullness of blood vessels, leprosy, gout, haemoptysis, internal tumours, giddiness, discolouration of eyes, skin, urine etc. Not only the increase and decrease of blood bring about the various unhealthy changes in the body but the vitiation of Vatha, Pitha, and Kapha also would effect the consistency and quantity of blood. When blood is vitiated by the action of Vayu, it becomes deep red, frothy and thin. If vitiated by Pitha, it becomes darkish yellow in colour and warm so that it does not coagulate soon. When vitiated by the action of Kapha, it becomes a little pale, unctious and thick. If the symptoms of any two or three are found in a combined state, the vitiation should be ascribed to the action of two or three doshas. So we see that a slight change in the quantity and quality of the blood bring about various unhealthy conditions in the body.

Causes of Impurity of Blood: Blood becomes impure by the use of food that are exceedingly theekshna, ushna, lavana, kshara, amla, katu etc, by taking of excess of kulatha, masha, thila, pindalu, moolaka, harithaka, dadhi, madyam, Virudhannam etc., by sleeping in daytime, indulgence in wrath, exposure to the sun and flame, suppression of vomit, neglect to let out blood in the proper season, exhaustion brought about by hard labour, injury to the body, grief, stuffing of the stomach with food when indigestion has already set in or before the previous meal has been completely digested and by the very nature of the season known as Sarath ruthu (autumn) when Raktha and Pitha are naturally vitiated.

Diseases caused by the Impurity of Blood: In consequence of the blood becoming impure, different kinds of diseases develop in the body. They are sores in the mouth, inflammation of the eyes, pus in the ear, foetid smell of the mouth and body, abdominal tumours, syphilis, erysipelus, haemorrhage, lassitude, abscess, haematuria, dysmenorrhoea, gout, paleness of the body, loss of digestive fire, thirst, sensation of heaviness in all the limbs, sensation of heat in the body, weakness, disgust for food, headache, fermentation of food and drink taken, bitter and sour eructations, excessive wrath, presence of saltish taste in mouth, excessive perspiration, intoxication, tremers, hoarseness of speech, loss of voice, drowsiness, excessive sleep, darkness of vision, itching of the body, pains, urticaria, leprosy and various other skin eruptions. Some of the diseases mentioned above are found in the vitiation of the doshas as well. They are to be differentiated by upasaya and anupasaya methods of treatments.

Treatment of Diseases of Blood: I have enumerated various factors concerning the origin, description, impurity and diseases of blood. All these subjects are based on authority of ancient authors. I have not quoted the pramanams here for want of space and time. I now describe the various treatments adopted in the diseases of the blood.

Before administering any suitable medicines, we have to find out the cause of impurity of the blood and the vitiated doshams. In any disease of the blood, the first and the foremost treatment is Rakshamokshanam (Blood-letting), and it is done by Siravyadham (Venesection),

Jalooka (Leech application), Sringavidhi (aspiration), Alaabuvidhi (cupping), Prachchaana (multiple incisions), and Kuttana (pin pricks). These are indicated according to the degree of vitiation of the blood and the site of affection. In addition to the Rakthamokshana, Virechana with Pithahara and Rakthasodhana drugs is also to be given. When the system is thus purified by the two sodhana line of treatments, the patient is given samana oushadhams to correct the doshasesham. For this, various medicines are prescribed and the commonly used ones are the following: Thikthaka and Mahathikthaka ghrithams and kashayams, Manjishtadi, Madhusnuhyadi, and Patoladi Kashayams, Sodhitha Gandhakam, Gandhaka rasayanam, Madhusnuhee rasayanam, Rasapathanga, Navagrahi sindooram etc. External treatment in the form of abhyangam is also necessary and for this purpose, medicated oils like Chathuksheeri thailam, Dinesavalyadi Chemparathyadi Gandhaka thailams etc. are used.

Treatment of blood borne diseases is very elaborate and I do not think that it is necessary to enumerate every thing in this article. What I have described here is only a synopsis of what is found in our medical books.

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THE ALKALOIDS

BY

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*

The field of alkaloids is fascinating alike to the students of chemistry as well as medicine. Because of their characteristic physiological action, these nitrogenous bases of plant origin, in medicine, play a role that, in many instances, may be classed as indispensable. On the other hand because of their multiplicity of type and their unique and manifold reactions, alkaloids offer to the chemist a challenge shared by no other single class of organic compounds. Almost all the known nitrogen containing ring systems, both saturated and unsaturated, are encountered among the alkaloids, ranging from the simple 5-membered pyrrolidnie system of hygiene to the very complex fused ring system of strychuine. Even more complex and unusual ring systems may be encountered among the many known alkaloids whose structure still await elucidation.

OCCURRENCE

The occurrence of alkaloids is fairly widespread. However, there are no taxonomic characteristics by which a plant may arbitrarily be assigned to a group suitable for alkaloid study. Well authenticated bases have been found to occur in some 38 plant families and it may be safely said that the remaining families will provide only an occasional alkaloid bearing plant. As more plants are examined many more families will be included in the alkaloid bearing group, for very recently two more genera (Salsola and Anabasis) in chenopodiacea have been found to yield alkaloids. This family along with others (Compositae, Boranginacea, Convolvulacea etc.) is typical of those which only rarely yield such plants and it is probable that the process which gave rise to these genera or species involved mutations which are abnormal to the group as a whole.

DISTRIBUTION IN THE PLANT

The elaboration of alkaloids is not localised in certain specific organs but appears to be a characteristic of all organs (including seeds). It must, however, be emphasized that not all organs of any one species possess such function. Thus the leaves and bark of calycauthus floridus L. are devoid of any alkaloidal material, while the seeds contain 1% of the basic products. In the tobacco plant, on the other hand, it is the seeds which are devoid of alkaloid material.

In the first year of growth alkaloids seem to be quite evenly distributed amongst the various organs, but with increased age (perennials) there appears to be a localisation of these bases in a few organs. The bark of arborescent plants is generally richer in alkaloids than are the leaves and shoots (cinchona) and this may be attributed to their accumulation in the bark year after year. The bark of old barberry roots may contain as much as 10% of berberine whereas that of very young plants contain little more than is found in the leaves.

While localisation of the alkaloids in various organs does not appear to occur in

the ammals yet there is a marked fluctuation of alkaloid content in all the organs throughout the growing season. The period of maximum output of these bases in Papaver, Senecio, Corydalis etc. appears to the coincidental with the early flowering stage.

THE SITE OF FORMATION

Examination of the distribution of alkaloids in plant tissues by the histo-chemical methods suggest strongly that alkaloids are synthesised principally in young, actively growing tissues, whose cells are either completely filled with proto-plasm or are rapidly vacuolating.

ONTOGENY

In general, newly formed cells were observed to have but little alkaloid, although it accumulated rapidly as vacuolation set in. At cellular maturity, the large central vacuole contained an abundance of alkaloid salts in solution. In tissue such as cinchona bark the alkalid content was maintained as long as the parenchyma remained alive. In other tissues, as for example, the pith, it was observed that a peak period was reached after which the alkaloid content of the vacuole appeared to decrease. Finally, in the cells at the centre of the medulla, alkaloid reactions disappeared completely.

The leaf affords the most thoroughly investigated tissues for alkaloids. A number of investigations have been carried out to determine the change in alkaloid quantity with time. Klein and Pollauf using a method of micro-extraction and estimation, obtained yields of colchicine from young and old autumn Crocus leaves in the ratio of 5/3. Similarly analysis of leaves at different levels of the belladonna plant reveal that the maximum out put of alkaloid occurs in young, fully expanded leaves followed by a decline in the aging leaves of the lower stems.

The position of a leaf on the plant may affect its alkaloid content quite apart from the question of the leaf's age. Thus Cromwell observed that young barberry leaves contained no detectable berberine until the bush carrying the leaf had itself reached an advanced age.

In every alkaloid bearing plant that has been examined, the ovule bears an abundant supply at the time of fertilisation. In this sense, all such plants, begin life with a rich alkaloid equipment. During maturation of the seed, upto the phase of ripeness and dormancy, much of the alkaloid may disappear, with the result that restring seeds fall into three principal classes according to the degree of alkaloid loss or gain during maturation, (a) Seeds with no alkaloids (Nicotiana tobaccum, Papaver somin ferum) (b) seeds with scanty alkaloids located only or mainly in surface membranes (Atropa belladonna, Datusa Stramonium) and (c) seeds with relatively large amounts of alkaloids in reserve tissues (Areca catechu, Strychuos nux-vomica).

After the first appearance of alkaloids in the seedling steady accumulation goes on through the period of active vegetation, with a maximum at or about the flowering period. Plants prevented from flowering yielded increased amounts of alkaloids. Similarly when side shoots are formed, alkaloids accumulate again until these side shoots flower in their turn. On plants which were cut down (topped) and which consequently sprouted a lot of young growth, the total alkaloid formed went on increasing. After flowering, and with the setting of the seed, there was some indication of the loss of alkaloidal content of the plant. It is general observation that aging leaves lose at least a portion of their alkaloid while attached to the plant.

FACTORS AFFECTING ALKALOID FORMATION.

It was pointed out earlier that accumulation of alkaloids occurs during the active growth of juvenile tissues, and

it follows that any factor tending to increase its growth will be likely to increase the total formation of alkaloids by an individual plant. Increased formation of alkaloid keeps pace with the increased growth.

Fertilisers that are rich in Nitrogen usually produce marked increases of dry weight when applied to alkaloid plants such as Atropa, Datusa etc. Improved growth of alkaloid forming plants has been observed with K, Ca, P - containing fertilisers. The increases are usually not so great as with nitrogen, but may be significant.

Alkaloid forming plants are found growing on soils of all acidities from ph 4 to ph 8, but according to Mc Nair, the plit and the percentage of alkaloid forming genera fall off together. He interprets this as showing a greater ease of alkaloid synthesis under the more alkaline soil conditions, which he attributes in turn to a more efficient uptake of ammonium nitrogen.

As regards locality, differences of strain, soil and climate may also come into question in the production of alkaloids in the plants, but it is rarely that any attempt has been made to evaluate their contributory effects. Generally speaking 'cultural' and climatic conditions have only a moderate effect on the alkaloid content of plants.

METABOLIC STATUS.

All alkaloids are association of nitrogen with carbon and hydrogen which places them in a rather definite category in matabolism. Heterocyclic and aromatic rings abound in their structures, indicating some degree of similarity in their formation, even though ring closures may take place at different stages and in different ways.

The alkaloids have been frequently considered to arise through decomposition of the proteins. The evidence adduced is usually an observation that alkaloids have increased in amount at a time when proteins is breaking down. There are however other reasons, and it is now generally regarded that the protein break down is not necessary for alkaloid synthesis. Until more is known of the actual nature of the nitrogenous precursors of alkaloids, it will probably remain impossible to say whether they are invariably derived from proteins or may also arise by direct synthesis. It may, however, prove to be one of the ways in which ammoacids, so to speak, take the wrong turning, and end up as alkaloids instead of proteins. We do not yet know what reactions are involved in the formation of any single alkaloid so that speculations about their complexity are at present useless. The causes of alkaloid formation i.e. the reasons why some plants form them and some do not, are correspondingly obscure in detail.

Finally, there has been a good deal of debate in the past whether the alkaloids once formed can be broken down, or whether their production is irreversible like that of cellulose. There are quite a few evidences based on which some investigators classify the alkaloids as reserve substances i.e. as temporary accumulation capable of being returned to metabolic circulation. However, most recent investigators, from Clantrian onwards, have preferred to classify the alkaloids as waste products. Tschvich has picturesquely likened them to flotsam thrown up on a beach.

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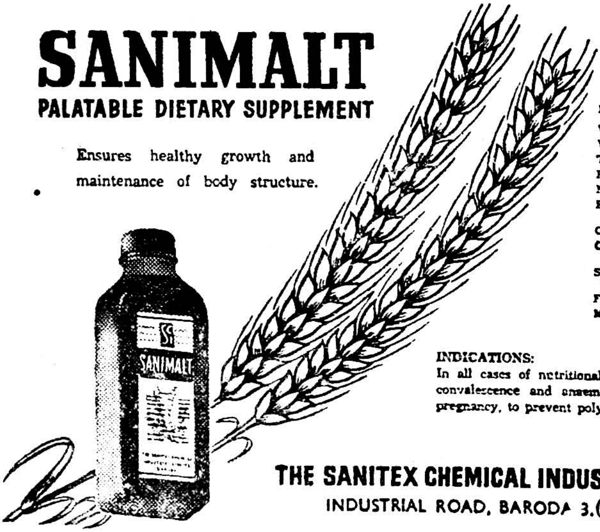

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MADRAS-10.

●

VANAMAMEZHUGU is of two kinds for the purpose of convenience of preparation. One is simple Vanamamezhugu and the other is Maha-Vanamamezhugu. Let me confine myself to the preparation and use of Maha-Vanamamezhugu according to my own experience. All that I wish to testify here is that Maha-Vanamamezhugu prepared in this manner acts much better than simple Vana-mamezhugu on diseases for which this is indicated.

2. INGREDIENTS USED ARE AS FOLLOWS:—

1. Rasa Baspam or Jai rasam.
2. Rasa Chinduram prepared in a particular method and not the crude bazaar Rasa Chinduram.
3. Ghendagam purified in a particular manner noted below.
4. Shavvisa Baspam or what is known as Bhdramasthram.
5. Gowri pashanam-specially purified
6. Vellai pashanam-specially purified.
7. Mudarsingi Baspam.
8. Rasa Karpura Baspam.
9. Jathilinga Kattu Chinduram.
10. Muppuguru- Specially prepared.
11. Kantha Chenduram.
12. Shambirani Pathangam.
13. Karpuram (Shudan) - original, Superior quality.
14. Thazhagam - Specially purified.

Total 14 drugs a equal parts.

3. For purpose of special purification of the drugs especially poisons, we require the following "Guru Neer" or "Guru Jayaneer" prepared out of Meni samoolam. This is secured dried, burnt into ash (சாம்பல்) which is then dissolved in double its weight of water or preferably in "Annakati Jalam" in a pot allowed to stay for three days stirring it every now and then strained or filtered on the fourth day. This filtered soultion is then boiled until it is reduced to ⅛th part. This is known as "Guru Neer" which is sufficient for purification purpose.

4. "Guru jayaneer" is prepared by a further process of "Guru Neer". This is exposed to the hot sun to be dried completely into a salt. This salt is known as "Sarva Sankara Uppu". (ஸர்வ ஸங்கார உப்பு) This is rubbed in a valvam with "Pirandai juice" for a day. Villai made, dried and subjected to Kathuvaliputam. (கதுவாலிப்புடம்). It becomes a Chunnam. This is then powdered, kept in

a dish and exposed to the mist. Jayaneer is formed in a few days. This is said to be " Guru jayaneer " which may also be used for purification purposes.

5. METHOD OF PURIFICATION:- Each ingredient is individually purified as follows :-

Ingredients Nos. 1, 2, 4, 5, 6, 7, 8, 9, 11 and 14 are individually rubbed for a few minutes with a little " Guru Neer " or " Guru jayaneer," made into a Villai and heated over a gentle charcoal fire. This process is to be repeated at least 3 times.

In the case of No. 3—Ghendagam, it is placed in a mud pot, poured in it 5 measures of Araikeerai juice boiled until the juice is very nearly dried, Ghendagam taken out and washed, with water several times and dried in the shade. Secondly it is similarly treated by boiling with Raw rice about $\frac{3}{4}$ measure in 5 measures of water. Thirdly it is treated as No.1 again with Araikeerai juice. Fourthly it is treated as No. 1 in a combined juice of Mullikeerai and Chirukeerai. Afterwards, this Ghendagam is rubbed with Guru Neer, dried in the shade. and treated in about one measure of cow's milk just the same way as ordinary Ghendagam purification process. The same process is repeated three times.

Nos. 10,12, and 13 need not be purified.

6. BOOTHAMSA CLASSIFICATION OF INGREDIENTS :-

After purification, take each drug in equal parts, powder each separately and group them according to Boothas noted below :-

I. Mudarsingi Kantham —Piruthivi.

II. Vellai pashanam
Gowri „ } —Appu.

III. Thazhakam Rasa Karpuram Veeram —Theyu

IV. Jathilingam Rasachinduram —Vayu.

V. Karpuram, Shambirani, Muppu Guru Rasa Baspam—Akhas.

VI. Ghendagam —Theyu.

The individual powders are grouped as above. Mix them together in a kalvam in order of groups. Grind the first group, then add the second and grind well. Then proceed to the Third, Fourth and Fifth group. Grind thoroughly well after each addition. Before Ghendagam which is of theyu group is added, a little of the rubbing thailam namely " Nathakaru Thailam should be used and rubbed. Thereafter Ghendagam should be added to the rest of the powders with a view to avoid combustion. Then go on rubbing the whole compound by adding little by little of the thailam for 4 Jamams or even more until it firms a Mezhugu Consistency.

7. DOSE AND ANUPANAM:—

The initial dose is "Uzhunthu" size. I used to administer this medicine enclosed in a Gelatin capsule either alone or followed by any suitable decoction depending upon the nature of the ailment. The dose may be gradually increased according to the toleration of the patients, the severity of and reaction upon diseases for a course of 3, 5 or 7 days. Repeated if necessary after a period of rest and Thailam baths.

8. DIET:— While administering this Maha Vanamamezhugu, salt free diet or Milk diet is preferable or diet may be prescribed accoding to the nature of ailment.

9. USES:— This medicine is Ante-Vatha and Ante-Kapa primarily. In my experience I have found this preparation a better one than simple Vanamezhugu in effect. It gives quicker relief in both acute and chronic ailments. I have used it with a good percentage of success in cases of Hemiplegia, Rheumatism, Orchitis and Bronchial troubles. Since I have been

using it in my private practice, I have not been maintaining case records. This is worth trying by all physicians.

10. Additional medicines that may be administered in combination with Maha Vanamezhugu depending upon indications on diseases-one or more of the following medicines:—

1. Kasthuri mezhugu

2. Gold, • Silver, Muthu and Naipavalam, Baspams, Iyam, manduram Chenduram.

3. Vanga Chunnam

4. Abin.

5. Purified Nervalam or Meganatha Gutika as a single dose.

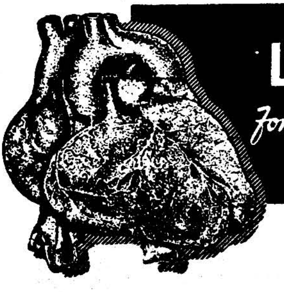
11. Preparation of "Nathakaru Thailam for rubbing the ingridients of Maha Vanamamezhugu:—

R/ Purified	Ghendagam	5 palams.
,,	Kariuppu	2 palams.
,,	Vediuppu	2 palams.
,,	Navaksharam	1 Kazhanju
,,	Thazhakam	3 Kazhanju
,,	Rasakarpuram	2 Kazhanju
,,	Veeram	2 Kazhanju
Cow's Ghee		8 palams.

All these are to be rubbed well in a kalvam and subjected to Kuzhithailam in an old and oily mud Kuduvai or Kalayam.

12. In conclusion, I wish to express that Vanamamezhugu in general is a disputed subject. I have herein narrated my own method gained out of experience. Simple Vanamamezhugu is easy to prepare, while Maha Vanamamezhugu involves tedious task in its preparation. The selection of ingredients in the latter case and special purification are particularly to be noted.

JAI HIND!



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JWARAS

Classification, Samprapti and Treatment in General and with Particular Reference to Typhoid Complications

BY

DR. Y. SURYANARAYANA RAO, L. I. M.

According to Ayurveda, 'Jwara' is a disease by itself — a separate entity. Pyrexia, fever, temperature are no synonyms for Jwara. They are symptoms of particular diseases, primary or secondary, acute or chronic. These names shall not be equated with the disease 'Jwara.'

In Ayurveda 'Jwaras' are characterised by Santapa of body (heat and burning) mind and senses, Swedavarodha and bodily pains and they are classified into several varieties, and groups depending upon the aeteology or Nidana, as we call it, and the Dosha and Doshas predominent, e.g., Vata Jwara, Pitha Jwara, Kapha Jwara, Samsarga Jwaras (combination of two doshas) and Sannipatha Jwaras (Combination of three doshas.)

Jwaras are classified into—two broad groups as follows:

1. Nija and 2. Agantuka.

Nija Jwaras are seven in number and with Agantuka Jwara they are eight in total. Nija Jwaras are — (1) Vata Jwara, (2) Pitta Jwara, (3) Kapha Jwara, or Sleshma Jwara, (4) Vata Pitta Jwara, (5) Vatakapha Jwara, (6) Pitha Kapha Jwara, (7) Sannipatha Jwara.

They are again classified into different two groups:—

1. Sareerika (Somalic)	2. Manasika (Psychic)
1. Soumya	2. Teekshana
1. Antarsrayam or Antarvegam (Internal heat)	2. Bahirasrayam or Bahirvegam (External heat)
1. Prakrutam Dosha of Jwara and dosha of Kalam being one	2. Vaikrutam (Dosha of Jwara and Dosha of Season differing)
1. Sadyam (Curable)	2. Asadhyam (Incurable)
1. Purvaparadhajam (due to karma of previous life or lives)	2. Karmaparadhajjam (due to karma or activities in this life).

In Sareerika Jwaras, there is Sareera Thapam first and then Manasika Thapam and in Manasika Jwara, the reverse of it occurs.

AGANTUKA

Jwaras are caused by extraneous (or extrinsic) causes. They are again classified into four varieties.

1. **Abhighata** (wounds and injuries etc. including burns etc., etc.)

2. ABHISHANGA (Demoniacal or Bacteriological causes-poisons, allergy, psychic causes etc.)

3. ABHI-SAPA JWARAS (due to Sapam or courses of the holy and piety etc.)

4. ABHICHARIKA JWARAS (Prayogam of Dusta grahas against enemies by enchanting mantras affecting adversely (or spells) in particular ritual Homam.

Agantuka Jwaras i.e., Jwaras due to extrinsic or extraneous causes like specific infections with some BHOOTA or may be due to Prakopa of Sesha Doshas, after some acute Jwaras.

JWARA SAMPRAPTI.

FOOD or Habits, not taken to or applied appropriate to, and in consideration of DESAM, (Part of the country, Jangala or Anopa, Kalam (the season or time in the day,) Deha (body) and Prakruti (Vata, Pitta, Kapha, Prakruti, of the person, or Satwaguna, Rajoguna, or Thamoguna Prakruti) - the vitiated Doshas enter Amasayam(stomach as it is usually known) expel the Jattaragni or the Pachakagni there (the digestive juices as loosely understood) after mixing up with the Rasa Dhatu (or Chyle in modern terms) , cause Srotorodham (obstruction of Srotrusses - the minute openings or channals) of the Sweet mechanism, and the Rasa or lymph circulating channels, and imbede normal digestive functions. The Jataragni, thus thrown out from its Swastana (the original place) by the force of Vayu (Vata), spreads (or circulates in the whole body, and closes the peripheral srotuses (openings) producing a Pathological condition called 'Jwara' characterised by Thapam (heat and burning symptoms) of the body, mind and senses.

The Doshas thus vitiated and thrown out from Amasaya along with Pachakagni or Jatargani, through Rasa Vahini Srotusee, pervade the whole body; and in each place, joins with Kayaagni, or Dhatwagni (inter-alia-cell agni too) producing Jwara condition. Doshas settling in particular places, produce symptoms special to the places of location and localisation, e.g., if the doshas settle in lungs, or its membranes, Bronchitis, pneumonia, plewrisy, etc., result, and if the doshas settle in Heart, and its covering memberane or vessels, myocardial degenerative changes, endocarditis, pericarditis and coronary affections result; and if they settle in the blood vessels, thrombosis or embolism etc., result. If they settle in Liver, various Hepatic conditions like, Hepatitis, Hepatic abscess etc., result and if they settle in intestines, e.g. ileum, Jwara like typhoid is caused. The various fevers described in modern medicine are attributable to the Prokoba of one or two or three Doshas and their intermixing in their minutest proportions and degrees, and the chemical actions and interactions with the Dhatus and Malas.

The vitiated doshas and Doshyas in certain variable proportions intermix, inter-act, and disintegrate - and at certain levels, unknown to us with our present day knowledge, produce krimis, which are variable according as the differences in the physico-clinical changes. These krimies may pass out through Malas (faecies and urine) and they themselves enter bodies, of the other people and cause Jwaras, special to the particular organism, provided the body-the Kshetra is suitable to the conditions required.

Here I omit describing the various Jwaras, but go straight to Sannipatha Jwara Symptoms."

SANNIPATA JWARA.

LAKSHANAS OR SYMPTOMS: Now cold and now hot; great variations in the heat conditions (the temperature remissions are more marked); pains in joints, bones, head, eyes red, and tears drible, pain and ringing in the ears, pharyngitis, and sensation in pharynx, as if pierced with corns, feeling of dullness, coma, or delirium, cough and dyspnea, distaste, biliousness, tongue black as charred, and prickly as an

iorn file, looseness of joints, bilious vomitings, with blood, streaks of blood spitting, copious blood vomiting (Raktapittam) with or without phlegm. - Shaking head from side to side, thirst, sleeplessness, Heart Pain (*Hridhvyadh*) constipation, Scanty urine, non Sweating, emaciation (*Krisnam*) sounds in throat, black or reddish patches or, urticarial rashes, slow and low sound talk, or inability to talk, ulceration of nose, mouth ears etc., heaviness or distention of abdomen, attaining pakwa stage of Doshas very late; all these, or some of these symptoms are present**

Some of these symptoms are present in the enteric fevers (Typhoid and Paratyphoids) also.

SANNIPATHA JWARA is classified into thirteen sub-varieties*** depending upon the symptoms and localisation of the Doshas, the Stana Samsraya. And there is a fourteenth variety the "Antrika". When the doshas settle in Antram (the intestines) the Sannipatha Jwara occuring goes by the name Antrika Sannipata (whose Lakshanas and the symptomatology of typhoid are very near). Hence typhoid fever may be considered as a Sannipatha Jwara the Antrike Variety. In Typhoid, the payers patches in the ileum are ulcerated in its regular process with infection of typhoid Bacilli".

PRINCIPLE OF TREATMENT OF SANNIPATA JWARA — is to bring the doshas to Sama State of Vitiation (or equality in prakopa State). The Dosha or Doshas in excess are reduced and those in Kshainyam are increased and then treated.

If the three doshas are equally vitiated— first treat for Kapha, then Pitta, and then Vata, or in the order of the Doshas, in Kaphastana, Pitta Stana, and then Vata Stana, the Original places of the respective doshas.

For all the Jwaras — a Kashayam (decoction) prepared with Musta and Parpataka is used as Anti-pyretic and alterative.

For Pitha Jwaras add bitters, like Bhunimba, Patola, Gudoochi, Draksha, Useera, Jeeraka, Amalaki etc. to the above decoction all or some as indicated in a particular case.

For Kapha Jwaras, add Pungents like Sonti - Maricham, Pippali Modi, Chavyam etc.

For Vata Jwara-add Rasana, Dumparasana, Sariba, Pippali, Sonti and the like or Laghu-pancha-Moola Kashayam may be used.

If there is constipation add, Katukarohini or Thrivruth. Rela (Aaragwadha), Modi, Hareetaki etc., one or more of them are usefully added to the Kashaym, especially in Vata Kapha Jwara.

Swarasa or Kashayam or both may be used as the case demands.

Generally the following may be given :-

FOR VATADHIKA SANNIPATA JWARA — Dasamoola Kashayam, China-Rahadi Kashayam.

FOR PITTADHIKA SAN. JWARA— Pancha Thikta Kashayam, Mangistadi Kashayam.

FOR KAPHADHIKA SAN. JWARA- Dasamoola Katuthryadi Kashayam, Bharangyadi Kashayam.

For Minor complications or Symptoms:- Swarasas may be prepared and given in

** Vide-Madhava Nidana-Sannipata Jwara Lakshanas. Varieties of Sannipatha Jwaras.

***1. Sandhika (2)Tandrika. (3)Chitta Vibrahama or Pralapaka. (4) Kanta Gubja. (5) Karika, (6) Jihwaka, (7) Rukdaha, (8) Antaka, (9) Bhugna Netra (10) Rakta Stevi. (11) Pralapa. (12) Seetanga, (13) Abinyasa, (Vide Basavarajeeyam)-This grouping vary from authority to authority. (14) The writer adds Antrika as another variety-the 14th.

addition—e.g. Ginger Juice, Maricha Swarasam, Jeeraka Swarasam, Sariba Swarasam, Yasti Swarasam, Duparasna, Rasna, Vacha, Swarasam, Ajamoda, and thwak Swarasam, Dadimathwak, Thwak, Kutabeeja, Bilva-majja Swarasam, with or without Gasagasalu (poppy seeds)—as the case may be, utilising one's own knowledge of materia medica.

Arishtas shall not be administered in the early stages of fevers. Liquid extracts, like liquid extract of Dasamoola, Vasa, Thulasi etc. are found to be not of much clinical value in experience.

Though much is left to the discretion of the attending physician, in regard to the selection of medicines for Jwaras, the following compound preparations may be used in general, in private or Hospital practice. It will be interesting to note that any one medicine acts on all Jwaras with suitable change of Anupana, Swarasa or Kashaya, appropriate to the Dosha or Doshas in vitiation and the Prakruti of the patient. The more experienced is the practitioner, the less the number of medicines in his armamentarium.

**	NAME	(Abbreviation)
1.	Ananda Bhairavarasa	(A.B.)
2.	Mrutyunjayarasa	(M.J.)
3.	Jwarankusa rasam	(J.R.)
4.	Seethamsurasa	(S.R.)
5.	Sannipata Bhairavi	(S.B.)
6.	Maha Sannipata Bhairavi	(M.S.B.)
7.	Pratapa Lankeswaram	(P.L.S.)
8.	Bruhat Kasturi Bhairavam	*(B.K.B.)

Treatment for some complications in Jwaras especially the Sannipata group.

THIRST:—Shadagapaneeyam is advised both in Aaama and Niraama Stages. A little fried yasti or Akalakarra (Akara Karabha) is to be kept in mouth to chew bit by bit and it causes salivation, and alleviates thirst. Small pieces of mud pot to be put in oven and well heated and dipped in boiled water. When cool, filter and give in small quantities.

CONSTIPATION:—Add in Kashayam or Swarasam, Thrivruthu or Katukarohini and if the Kostam of the Patient is Mrudu add Rela, in the Swarasas or Kashayas daily. If no result, glycerin enema may be given every alternate day. Anuvasana Vasti is preferred in later stages of Jwara (not in Taruna Jwara.)

FOR SIRASSOLA (Head - Ache) :—Vatic and Kapha-vatic varieties maricham boild in water and applied to fore-head and temples.

PITTA TYPE :—Sonti paste—rubbed in hot water—A paste of He Deer's horn—horn rubbed on stone in water is applied—for all types.

VOMITINGS:— Give the medicine with Ela Jeeraka Swarasam plus honey. Honey is used as linctus frequently. In vomits the dosha is Urdhwa mukha, cause it Adhomuhka Urdhwavegam, subsides. One or two motions daily is good in cases of vomitings.

Suryavarti	2 grs.
Pinchamasi or silk cloth mashed.	3 grs.

one dose with honey.

It may be repeated as often, until favourable result. It may be given with Gandham (Paste) of wood apple shell (velagachekka gandham) added honey to it.

'Paithyantaka' may be given as it is to chew or mixed in Honey (3 or 4 grs. each time).

Mathumlingarasayanam (or Madeephala rasayanam) or sherbathe Madani- may be given in spoonful doses to lick.

** Vide-Vaidyaroga Ratnavali for the recipes-
* Brihat Yoga Rathnakaram.

† Akara Karabhadi Vati may be given mixed in honey (this contains opium).

Small pieces of ice may be kept in mouth, and sucked. Small quantities (in spoon doses) of drinks or liquid food may be given adding ice. If vomits are very severe—give the patient rest, Dial 2 tablets a dose oral - or 2 c. c. by injection does provide rest. If the patient cannot take or retain any food, per oral - glucose saline (5% solution may be given intravenous, and where not possible or for synergistic action, rectal glucose saline every 4 hours may be given, until the patient could take per mouth and retain.

DIARRHOEA.

Karpooradi rasam pills... 1 pill with Karporadyarka oz. 1. one dose.

As many doses a day as are required depending upon the severity of the Condition. The pills may be used with Swarasam prepared out of Dadimathwak, Ajamodam and Gasagasalu and Kutajabeejam. If diarrhoea is uncontrolable with milder treatment.

Ashtakshari vati ... 1 pill (containing with opium)
or
Ghanasaravati ...
or
Karpooradaivati... (with opium.)
with Karpooradyarka...oz. 1. one dose
Ahipenasava oz. ¼ to ounce one dose.

As no food is retained-starch and opium enemata may be given. Wash the colon from below through anus with tepid water or saline (0·9 %) in the morning once or twice, and in the evening starch and opium retention enema is given.

Canjee prepared with starch powder ...3 ounce.
Add Tr. opii ... 30 drops
or

† Pandit D. Gopalacharlu garu's Recipe.

Lq. morphin Hcl. ... 20 mns.
and Acid Sulphuric Dil. ... 10 ,,
Mix and apply.

It may be repeated four hourly.

If restless, Dovers Powder...5 grs., may be given to quiten the patient and allow to sleep, with Dovers' powder. Some may have vomitings, due to Iodio syncrosy. Nothing shall be given per mouth when there is diarrhoea.

If there is dehydration due to loss of fluids from body in the diarrhoea, pulse thin, small and quick glucose-saline (5%) solution may be administered intrevenous in drop method. This is more necessary, if there are severe vomitings and diarrhoea, and if the patient is toxic and sinking. There is a risk of some severe reaction after this intravenous method, if there is some mistake somewhere, either in the technic or the medicine.

HYPERPYREIA - (except in Malaria temperature above 103 to 105 is Hyperpyreia. Antipyretics-like Asperin, Phenacetin, shall not be given to reduce high temperature for fear of heart depression. However in emergencies, preparations like Cyogemin (A. F. D.) are used in 4 to 5grs. doses in adults.

Though by nature, it may, by itself come down but if high temperature is allowed to continue for a long time the heart may weaken and fail in the later stages of fever-say the 3rd or 4th week, if typhoid or Sannipatha Jwara. (Swarna Malini Vasanta ½ to 1 gr. Gudoochi satvam 2 to 4 grains-one dose with honey or kharjura gandham.

It may be used every 2 hours until the temperature comes down to 102° F. There are antipyretics and tonic which do not contain poisonous drugs to produce adverse cumulative effects. When used with Kharjura Gandham vehicle, dry and unproductive cough is reduced.

PATNAGIRI RASAM: (Basavarajeeyam) (also prepared by Zandu & Co.,) useful in hyperpyreria. It is used with Dhanyaka Swarasam in 2 grs. doses.

If Kapha Vatadhika Jwara with Bronchitis and Hyperpyreria...

Mrutyunjaya rasa ... 1 pill every 2 hours up to 3 doses with Thulasi Swarasam 1 oz. is beneficial.

KALAKUTARASA 3 to 4 grs. doses. Thrice daily with Thulasi Swarasam 1 ounce is used both in hyperpyreria with bronchitis etc., and also in sub-normal temperature added Musk ½ chinnam each time. Musk can be used in Sub-normal temperature and as well as in high temperature when heart requires stimulation. There is purified *aconite* in Kalakuta (up to 1/5) and so cumulative action is feared if used in multiple doses and frequently, however much it is contended that purified aconite in the compound preparations of Ayurveda, which underwent prolonged Mardanas and bhavanas, in which process the Anus of aconite are split and mixed with split anus of other drugs and a different chemical properties are got due to the intermixing and interaction of the components of the anus of the drug.

Ice applications to the forehead are in practice, but more often it produces no result. Ayurveda practitioners object to this on the ground that it produces adverse results subsequently.

The long-standing practice is - Stanyapichu on forehead —

Stanyam (Breast milk)	... 1 ounce.
Pachakarpooram.	... 4 grs.
Kumkumapavu (Saffron)	... 4 or 5 grs.

(approximate quantities)

add and mix-apply continuously keeping the cloth wet always until the high temperature come down. It is also sedalive and mild hypnotic in that combination.

Eu-de-culongue is mixed with cold water and used as a wet pack on forehead - for the same purpose with doubtful value, on the principle 'evoporation requires heat.'

Sponging the whole body with Kashayas prepared with Madhuradi Ranga Drugs - Padmakaligana drugs or Saribadigana drugs - (vide Ganas Astanga Hrudaya Sutrastanam or Materia Medica) is of benefit. Apply oils prepared with these drugs. Milk and thilathaila are also used, for Parishekam, Avagaham or Abhyanga, when there is Daha (burning sensation with extreme heat) Satasradhouta ghruta is applied to the part or whole body. When the body is too cold after crisis in some Jwaras, ustna Veerya, and Ustna sparsa drugs pastes are applied to the body, or powders applied and rubbed. Arnagwadha Gana drugs are used in drinks and food - e. g., Grandhithagaram, horse-gram.

TOXIC STATES:

In prolonged fevers—if there is toxicity and coma, with low muttering delerium, or when there is wild and uncontrolable delerium - Anjanam with: Sannipatabhairavi - rubbed in the juice of Drona Pushpi flowers - is applied.

DUSTAPAKU SWARASAM or Maricha Swarasam in breast milk, is used for Nasyakarma. These are believed to act immediately, because of their proximity to brain and the several sinuses of the skull bones.

In fully established typhoid states, and in pewperal fevers (septiceamia or otherwise) the following paste is applied in a method noted below: It is called in Andhra as Madu Jeera Pattur or Medicament applied to and on the anterior fontinale of the skull.

Musambaram (aleos)	1 part
Avalu - Mustard	1 ,,
Hingn (Asofaeteda)	1 ,,

Katukarohini	1 part
Aconite	$\frac{1}{8}$,,
Gorochanam	$\frac{1}{8}$,,
Opium	$\frac{1}{8}$,,

(if wild delerium and if sedation is required)

Put these in kalvam--

Take Ekanda (Single root) garlic, take off petals and put them one by one in kalvam and go.on rubbing strongly until it gets into a pasty consistency.

In addition varili (Nirguda leaf juice) or vavinta leaf juice. (Ajagandha) or Drumstick tree endocarp - (Sigru thwvak) Swarasam is added and rubbed. Take this paste and apply it on a piece of paper or cloth of a circle of 2 inches diameter nearly. Prepare the patient as follows : shave on fontinale to the size of two inches circularly. Allow slight bleeding with mild cuts with the razor on the shaved area - apply there some paste prepared as above and then apply the plaster spread on cloth or paper and press well. Dust Termaric (Nisachoorna) powder on the edges and again press.

The same paste is applied on temples as small plasters.

Add more aconite or delete it, depending on the severity of toxaemia. Opium may be deleted if no sedation or hypnotic action is required.

In similar conditions-glucose or Fructolex may be given intravenouly morning and eveining.

As an antitozic measure - Sutikabha ranam adding again available biles like Gorochana Royyapeta, Pavhdara, Junnu, and other biles.

Rub with betel leaf or Thulasi Swarasam and make pills of small Badariphala beejam size and administer 2 or 3 (hourly) with befeleafjuce or Dasamoola Kashayam.

METEORISM:- (abdominal distention)- Betel leaf or Arka patram, annointing caster oil, and heated on oven, is applied to abdomen. Then after fomenting apply a paste or gandham prepared with Vacha and Hingu -on abdomen to relieve distention, or if available make a paste of the excreta of bat with hot water and apply on the abdomen. If very acute-take sigrubark, crush and macerate well and apply on the abdomen, and put on bandage. Remove it after 10 or 15 minutes. Other wise ulceration follows. Turpentine stupes may be applied. Turpantine may be given by mouth putting in the gelatin capsuls. Injection of preparations like carbochel are useful. A soft rubber tube applying vaseline may be inserted in, per rectum twelve inches deep and left in there for 10 or 20 minutes to let out gas. Whey water, egg albumum are given as diet. Glucose and sugar increase distention.

RETENTION OF URINE

IF THERE IS RETENTION OF URINE: foment the bladder region and apply a paste of Revalchinni (Rhubart) and Suraksharam (Am. chloride raw) Bokkenaku or Sambareni leaf crushed and macerated to pasty consistency and applied on the abdomen. It causes vascularisation of the glomeruroles of the kidnys and helps secretion of urine.

Tharvani is prepared and used orally or Barley water and butter milk.

HEART WEAKNESS

WHEN HEART IS WEAK :— Makaradhwaja or Sidda Makaradwaja Sindooram $\frac{1}{2}$ to 1 grain per dose, may be given mixed in honey every 1 or 2 hours to tone up the musculature and nerves etc., of the heart. If stimulation is considered necessary and if the extremities are getting cold, as a sign of circulatory failure, musk may be added to the Sindoorm in 2 to 3 grs. (or even more) doses. Nikethamide preparations (coramin, cardio zole and the like) may be given orally in 10 to 20 drops doses instead. It may also be injected,

intramuscularly, or even intravenously in emergency.

If there is fore-head sweating, it is a sign of the depression of heart.

Thrailokyachintamani is used adding musk to it in dosage appropriate to the severity of the condition.

There are preparations containing Cobra Poisons - e. g., Samagarala thamnarka, Simhapratipalanam etc. These are used in the last stages, when all other medicines fail. These are very powerful. No other medicine is used after its usage if the patient is alive till the condition warranting its use, passes off. Most physicians are afraid of using such powerful medicines, as it requires much experience for handling such highly poisonous drugs. When they are used - only sthanyam (breast milk) is used as diet.

HAEMORRHAGE AND PERFORATION :- (as evidenced by the clinical symptoms). These occur rarely, in 3rd week of fever generally. This condition is dangerous and must be very careful in dealing with it. A donor of blood must be kept ready, where blood banks are not available or easily available, if blood is seen in small quantities in stools.

Vasa Swarasam 1 ounce shall have to be given with Laksha Choorna and Salmali Choornam, 5 to 10 grains each, often - as muhurmuhuroughadha" per mouth. Nothing should be given as diet, even water.

If the temperature suddenly falls to normal or subnormal and if the pulse is rapid and thin, - suspect perforation (in the payer's patches). Morphin $\frac{1}{4}$ gr. with atropin 1/100 grain may be given H. P. immediately and when the effect of marphia is passing off Dovers powder in 5 grains doses is advised four hourly. Some patients may not tolerate Dovers' powder. In such cases use of Ahiphenasavam or *Tr. Opii* is advised adding Fresh Vasa Juice, preferably added Laksha and Salmali in decoction. The foot of the bed shall be raised. If still haemorrage persists in large quantities, blood transfusion is resorted to. If there is time and if it is felt possible, the case may be entrusted to a surgeon for laparotomy and repair of the perforation. After blood transfusion, hot water bottles may be applied to maintain heat. Except, small ice pieces to chew, no other food shall be given, not even water. No other Haemoplaction, coagulin and the like are not helpful here. When the blood stops - filtered fruit juice or well diluted milk, or glucose water or Drakshaswarasam (fructose water) may be allowed as diet. After four days if there is no motion-small enema with olive oil may be given or Anuvasana Vasti is given.

PHLEBITIS:- During convalacense, there may be Venus thrombosis in the extremities especially the lower, and swelling may be present. Rest for 3 to 4 weeks, fomentations and plasters are advised. Pindathailam, Narayanathailam, or Amavata Thailam are useful for external application, before fomenting. For fomenting... Chitikeswara, Sovindia, Sigru, Vavili leaves are generally useful, either alone or together. After fomentations, Suradarulepam paste is applied boiled in lime juice or buttermilk. Anti-coagulants are contra-indicated, and if used there is the risk of intestinal haemorrhage.

CHOLECYSTITIS:- (Pain in gall bladder) fomentations etc., as above locally. If pain is severe, morphia and atropin injection may be given. If suspected a prulent state, clinicaly surgical treatment is advised.

If hook-worms or other Krimis present in motions - Niroohavasti with suitable Kashayam is advised or an enema with Kashayam of Neemleaf and bark is advised, or with Kashayam of Palasabeeja and Vidanga and Nimbathawak.

During the treatment of continuous fevers the urine need be tested frequently, for albumin. In disease, by its own toxic action - slight Albumin may be present from second week onwards. The inorganic preparation used as treatment may also tend to cause irritation of kidneys with congestion or inflammation glomeroles. Suspending the drugs and putting on plenty of barley water and using karpoora Silajat Bhasmam, with Yasti choorna help to subside the condition.

ALLOPATHIC TREATMENT IN TYPHOID.

For continuous fevers, (typhoid and paratyphoid -) in recent times chloramphenicol preparations (chloromycetin, synthomycetin C. A. F. etc) are found to have quick results. By their use, in 48 hours, the temperature may come down to normal. They are not bactericidal but are good suppresents and relapses are common. The disadvantages are:-

1. anaemia may result.
2. relapses are frequent.
3. tend to grow resistant types of bacteria.
4. At the start - high doses are to be given and there is a risk even with the first dose.
5. Severe Diarrhaea results in some cases during the treatment or during convalsence after stopping the drug.

CHLORAMPENICAL:- First dose 2 or 4 capsules as per the drug selected, (Chloromycetin or synthomycetin etc.) and schedule of dosage is given by the manufacturing concern. Then every 4 hours one cap. till the temperature is normal. Then every 6 hourly for two days, then for 2 days, 8 hour and twleve hour one day, and one in 24 hours for the next 2 days. This is the dosage schedule found beneficial in the experience of the writer. It is commenced when necessary at the end of the first week or when the patient is in typhoid state or in Pyrexia. Vitamins are most important accompaniments to drugs and diet as well. Vitamin B.1 and Vitamin C tablets are advised every day along with food drinks, be it glucose water or Peya, 2 or 3 times a day - to prevent nervous complications and diarrhoea and haemorrage; whatever the treatment adoped; Ayurvedic or Allopathic, they are not contra-indicated. B. Complex by parentarel route is preferred especially when the patient is under chemotherapeutic agents.

Sulphanamides have no place in typhoid or paratyphoid. Some practitioners, unless the patient is very toxic and relatively in serious condition- -do continue to treat patent, with simple diphorric mixtures, vitamins, and careful nursing, rest and symptomatic tratment which are essential principle, of treatment in Typhoid etc.

Pencilin, Aureomycin and Terra-mycin etc. broad spectrum Antibiotics are best used in pneumonea, empyaema, bronchitis etc. The method of usage is varying from physician to physician.

Diet in Jwaras:- Forms a seperate subject, requiring much time and space; and I do not poropose to take up here.

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MYSORE

A report on the treatment of ascitis (udara) with fresh aqueous extract of the mucosa and sub-mucosa of the stomach and duodenum of recently killed goats, leading to the discovery of the dieuretic "factor" therein and the clarification of the concept of Pachaka-pitta of Ayurveda.

By

Sri C. Dwarakanath

PRINCIPAL

INTRODUCTORY:

This report seeks to invite the attention of research workers in the field of Medicine, especially Physiology and Bio-Chemistry, to the discovery by the author, of the existence of a 'factor' in the fresh aqueous extract of the mucosa and sub-mucosa of the stomach and duodenum of recently killed goats, which is found to be responsible for exciting rapid and intensive deuresis in cases of ascites, resulting in the gradual depletion of the ascitic fluid. This is based on observations made in over 9 cases of ascites treated by him in the Ayurvedic in-patient wards of the Government Ayurvedic and Unani Hospital, Mysore during the last three years (1952—55).

THE ORIGIN OF THE WORK

The inspiration to start this work arose out of a bed-side clinical talk, the undersigned had to give to his students on the diagnosis and treatment of the symptom-complex known in Ayurveda as udararoga, corresponding to ascites, with reference to Sri S. R., Hindu, Brahmin, Male, aged 56 (a retired clerk, Mysore Railways) admitted in the Ayurvedic male ward on 21—2—1953 for the treatment of ascites. The condition of the patient at the time of his admission was as follows:

"A huge accumulation of fluid in the abdomen; prominent veins in the abdomen and around the umbalicus; odema of both the lower extremities and scrotum; prolapse of the rectum; breathlessness and cough; extreme exhaustion and scanty micturition of about 30 ounces of urine in 24 hours. The patient was in great agony due to the prolapsed rectum. Duration of ascites about 8 months".

HISTORY OF PREVIOUS ILLNESS

The patient has been, ever since his boyhood, suffering from 'bleeding piles.' About 6 years prior to his present complaint, he had his first experience of prolapse of the rectum; which was reduced at the Krishnarajendra Hospital, Mysore. Four years prior to the present complaint, he suffered from severe pain in the epigastrium, an hour or two after taking food.

HISTORY OF PRESENT ILLNESS

About 8 months prior to his complaint under notice, he observed a gradual accumulation of fluid in his abdomen and

the prolapse of the rectum about 10 days prior to his admission to the Ayurvedic Hospital. He was admitted to the Krishnarajendra hospital, Mysore, where the prolapse was reduced. He however got himself discharged when the authorities of that hospital suggested paracentesis to relieve pressure and tension in the abdomen. A few days later, the prolapse recurred, this time with an acute inflammation of the part. He got himself admitted to the Ayurvedic Hospital, as he felt that he "may be cured here without tapping."

PHYSICAL EXAMINATION

As the patient was writhing with pain, a detailed physical examination could not be conducted. However, the following points were elicited:

ABDOMINAL MEASUREMENT:

Circunference of the abdomen round the umbelicus ... 35"

From the Xyphoid sternum to the symphisis pubis ... 14"

Due to extreme tension, percussion elicited dullness all over the abdomen. However, the upper limits of the liver dullness could be placed anteriorly between 3rd and 4th right inter-costal space. The precordia was pushed upward and outward and the apex of the heart could be palpated between the 3rd and 4th Inter-costel space, about an inch outside the mid-clavicular line towards the left axilla. The heart sounds were apparently unaffected. There was no evidence of cyanosis. Tongue was slightly coated and moist. There was no evidence of jaundice.

Due to the lack of laboratory facilities, a thorough examination of blood could not be made. However, the total RBC count was 4 millions; WBC count 7000 and HB 70%. Examination of urine showed sp. gr. 1,020 and colour slightly yellow. Sugar and albumen nil, and deposit showed phosphate and oxalate crystals. No evidence of renal casts could be found. An empirical diagnosis of ascites due to portal cirrhosis was made on the basis of facts read above.

The pathogenesis of Udararoga, the impairment of Jataragni as primary cause and the elucidation of this concept

In the clinical bed-side talk on this case, various aspects of the pathogenesis of ascites including cirrhosis of liver, hypoproteinaemia, renal and cardiac diseases, etc., were discussed. The main theme of the discussion, however, revolved round the Ayurvedic description of the pathogenesis of Udara of different kinds, viz., Yakritodara or ascites due to the involvement of the liver, Plihodara or ascites due to the involvement of the spleen and the like, in terms of the impairment primarily of Jataragni, and the emphasis laid by all the ancient Acharyas of Ayurveda on the importance of this 'factor' in the treatment of Udaras. An attempt was made to examine the implication of this term and interpret the same in the light of modern Physiology to enable the formulation of a hypothesis on which the treatment may be based.

The factor-complex may signify enzymes and harmones of the stomach and intestine

The term Jataragni represents a total concept, which implies a 'factor-complex' present in the stomach (amasaya) and small intestines (pakvasaya), especially in the region extending from the pylorous to the end of duodenum. This region has been described in Ayurveda variously as Grahani Pittadhara-Kala or pitta supporting membrane etc. The 'factor-complex' under reference is stated to be responsible for exercising functions similar to heat or Agni (various chemical reactions, such as hydrolytic cleavage, decomposition, disintegration combustion etc.) Between them, the different elements comprising this 'factor-complex' are stated to be responsible for the proper digestion of food, the separation of the nutrient fraction (sara)

from the undigested residue (kitta) and the promotion of the absorption of the former and the elimination of the latter. This function is especially attributed to an important constituent of the *'factor-complex'* viz., "*Pachakagni*" or "*Pachaka-pitta*", which, situated as it is in an area between the *Amasaya* and *Pakvasaya*, is stated to excite, control and regulate the *Pittas* present in the tissues (dhatus) all over the body.

The *'factor-complex'* of the *Koshta* (Gastro-intestinal tract) are stated to comprise, among other *Pittas*, of the *Ranjaka Pitta* contributed by the stomach or *Amasaya* and which is essential for the formation of the colouring material of *Rakta* and the *Pachakapitta* contributed by the *'Pitta (Agni) dhara kala.'*

Another significant observation made by *Charaka* that "the product of Gastric digestion rendered sour or acid Amlabava-thaha as it is passed out from the stomach through the Grahani, excites the secretion of pure Pitta", had also to be taken into account.

The facts of Ayurveda elucidated above led to the formulation of the hypothesis, that the ancient authorities envisaged the existence of a 'factor' which not only exercises a controlling, correlating and regulating influence over the secretory activities of the intestines pancreas and liver. but also on general metabolism, and this 'factor' is essential in the treatment of Udaras or ascites. It was, therefore, decided to put this hypothesis to test and observe the outcome in the case of ascites now under report.

Among the more recent workers, Cow (1914) demonstrated the presence of a diuretic substance in extracts of the mucosa of the duodenum, ileum and jejunum. Petri and Jensenius (1914) produced oedema by gastrectomy in swine maintained on a low protein diet. Gillman and Gillman (1945) administered stomach preparations (Ventron, Ventriculin - Parke Davis Co.) to cases of infantile pellagra ('Kwashiorkor' or 'Malignant. malnutrition') and observed not only a lipotropic action on the liver but also a pronounced diuresis and resolution of the oedema, in about 48 hours after exhibition of the glandular preparation.

It was noted above that Ayurveda considered the promotion of the Jataragni as the *sine qua non* in the treatment of udara. The ancient books prescribe various drugs for this purpose. The undersigned, however, felt that a more fundamental approach could be made in this regard, rather than employing drugs, which are either carminatives or stomachics, by the administration of an aqeous extract of the 'Agni (Pitta) dhara kala' or the mucosa and sub-mucosa of the stomach and duodenum of recently killed goat (this animal was chosen because of the immediate and ready availability of its stomach and duodenum at the slaughter house)., and administer two ounces of it (this dose was arbitrarily fixed to begin with), each time, twice-a-day, on empty stomach, followed by a cup of defattened butter-milk.

The extract used in these trials was a composite one derived from the gastric-cum-duodenal mucosa of sheep. The glands were procured from the local abbattoir within a couple of hours after the death of the animal. The mucosa and sub-mucosa were peeled after washing the tissues in cold water. The mucosa was then weighed, minced and extracted with two successive 5 volume instalments of water. The extract was strained through mull-cloth and immediately administered to the patients or stored in a refrigerator (3° - 4°C) for a few hours until required for use. Two fluid ounces of the extract were administered orally to each patient twice a day, a dosage arbitrarily fixed.

During the treatment, the ascitic patients were kept on a salt free, minimum fat-liquid diet. Any secondary complications that developed were treated symptomatically.

THE RESULT

It was seen that there was an extraordinary increase in the urine out-put commencing from the third day onwards, which rose to over 120 ounces per day. This quantity was sustained throughout the period of treatment, which lasted nearly 2½ months, coinciding with the rapid depletion of d fluid from the abdomen, as could be seen from the measurements noted hereunder:

Date	Circumference round Umbilicus (in inches).	From the tip of the Xyphoid to the symphisis (in inches).
18-12-52	... 35	... 14
2- 1-53	... 33 1/3	... 12·5
9- 1-53	... 32	... 12
17- 1-53	... 28	... 12
25- 1-53	... 28	... 12
1- 2-53	... 26	... 11
8- 2-53	... 25	... 11·6
21- 2-53	... 24	... 11

The all-round improvement of the patient, including the reduction of the painful prolapse was noted during the period of treatment. The oedema disappeared altogether by 25-1-1953. The patient was discharged as cured on 21-2-53 and he has been keeping normal health ever since and reporting himself for monthly check-up.

To date, 9 cases of ascites and oedema arising from hepatic damage - 4 cases of suspected portal cirrhosis, 2 cases of atrophic cirrhosis of the liver and spleen and 3 cases of malnutrition syndrome - have been tested. The first and most striking effect observed on administering the gastric-cum-duodenal extract to these cases was a remarkable dieuresis. The urine out-put which prior to the treatment was 10–15 or 20 ounces per day rose to 53-70 ounces after 3–4 days' treatment and to 100 ounces and over in about a week. Concomitant with this enhanced diuresis, the patient's appetite was considerably stimulated, and there was a gradual depletion of the peritoneal fluid and clearing of the oedoma. There was a subjective feeling of general improvement on the part of the patient. After receiving the special extract for 1½-2 months, the ascites as well as the oedema disappeared completely in all by the 2 cases with atrophic cirrhosis of the liver and spleen. In these two cases paracentesis had to be resorted to for relieving the administration of the mucosa extract, the diuresis was greatly increased; as in the other cases, the appetite was stimulated and there was general improvement, but the ascites was not relieved sufficiently rapidly. After paracentesis, however, the rate of transudation of fluid into the peritoneum was considerably retarded (as compared with the rate of accumulation after the several paracenteses, they had to undergo previously), but not altogether prevented. One of these cases had been discharged and the other is still under observation.

In cases which were relieved of ascites the patients were afterwards put on a high protein diet and in about 3–4 months completely returned to normalcy, as assessed on clinical grounds. They were then discharged with instruction to come up for periodical check-up. Several of them have been doing so and being followed up. There has been no relapse in these cases so far.

An observation that seems worth recording is that the enhanced diuresis brought about by the gastric-cum-duodenal mucosa extract is sustained at high levels for long periods after the discontinuance of the drug.

Other cases to wich the special extract has been administered include 5 of congestive cardic failure or decompensation with oedema of the extremities and ascites, and 3 of anaemia with dropsy. In all these cases, again, the extract elicited a prompt and marked diuresis leading ultimately to

the clearing of the oedema and abdominal fluid and general improvement.

The extract was also tried in 2 cases of ascites and oedema associated with nephritis. In these cases, however, the extract effected a comparatively small, though definite, increase in diuresis, a result to be naturally expected in view of the organic injury to the kidney.

The above results need to be further confirmed by extensive clinical trials, but there are certain important indications. Taken together with the previous experimental and clinical findings, they point to the existence of a powerful diuretic substance in the mucosa of the gastro-intestinal tract. The administration of a composite aqueous extract of the gastric-cum-duodenal mucosa exerts beneficial effects in cases of ascites and oedema eventuating from hepatic damage and cardiac failure, but not when associated with renal injury. The factor or factors responsible for the observed ameliorative effects, especially the one including diures, their locus of origin in the gastro-intestinal tract, chemical nature, normal physiological function and mode of action need to be elucidated. Their influence, if any, on hepatic pathology in various types of liver injury, has to be ascertained by more extensive clinical trials comprising liver biopsy and functional tests. Experimental and clinical studies have now been planned along these lines. The results will be communicated at a later date.

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Statement furnishing brief account of cases of ascites treated with an

NAME OF PATIENT	CLINICAL DIAGNOSIS	PREVIOUS HISTORY
1. S. Rama Rao, Hindu Male, 55 years. Admitted on ... 17-12-52 Discharged on ... 21- 2-53	Ascites portal cirrhosis & prolapse of the rectum.	Bleeding piles since his boyhood; pain in the epigastric region, 2 hours after food, since 1949. Prolapse of the rectum 1952.
2. B. Krishnalal, Hindu Male, 52 years Date of admission ... 23-10-52 Date of discharge ... 7-12-52	Ascites & portal cirrhosis.	The patient was apparently keeping up a normal health uptill his 45th year, when he developed pain below the lower third of the sternum and was treated at the K. R. Hospital as for some cardiac trouble and was relieved. Subsequently, he suffered from shifting pain in the abdomen & was again treated at the K. R. Hospital & was relieved. Three months latter, he observed the gradual enlargement of the abdomen with fluid, which was tapped at the local Mission Hospital. Soon after, he developed umbilical hernia which was operated at the K. R. Hospital. This was followed by ascites, for which got himself admitted in the Ayurvedic Hospital.

DURATION AND TREATMENT	RESULT
about 8 months. Daily administration of the aqeous extract of the mucosa and submucosa of the stomach & duodenum, 2 ounces each time twice a day, followed by a cup of defattended buttermilk for the duration of the 2 months treatment. The patient was placed on a saltfree diet throughout the period of his treatment.	The administration of the aqeous extract of the stomach was commenced immediately after admission of the patient on 17-12-52. The urine out-put which was about 30 ounces in 24 hours at the time of admission, rose to over 90 ounces on the 3rd day ; 110 ounces on the 6th day and it maintained itself at this level till the 17th day from when, it was steadily keeping on an average of about 75 ounces per day, uptill the time of his discharge on 21-2-53, coinciding with the complete depletion of fluid from the peritoneal cavity.

ABDOMINAL MEASUREMENTS

	Circumference of the abdomen round the umbalicus		From the tip of the xiphoid sternum to symphisis pubis
At the time admission on 17-12-1952	... 35″	...	14″
At the time of discharge on 21-2-1953	... 24″	...	11″

The patient was discharged cured of asceites and he has, ever since, been coming up for periodical check-up and there has been no recurrence of ascites.

DURATION AND TREATMENT	RESULT
One and half months. Daily administration of 2 ounces of the aqeous extract of the mucosa and sub-mucosa of the stomach and duodenum twice daily, followed by a cup of butter-milk for about two months. The patient was placed on a salt-free diet throughout the period of his treatment.	The quantity of urine out-put which was about 25 ounces per day, marked a sharp raise on the 2nd day to about 125 ounces ; on the 6th day to about 210 ounces and from the 7th day onwards an average out-put of about 70 ounces per day was maintained with a corresponding decrease in the abdominal measurements.

ABDOMINAL MEASUREMENTS

	Circumference of the abdomen round the umbilicus		From the xiphoid sternum to symphisis pubis
On the date of admission	... 40·5″	...	17″
On the date of discharge	... 35″	...	13″

The patient was discharged otherwise, due to the breaking of diet discipline.

NAME OF PATIENT		CLINICAL DIAGNOSIS	PREVIOUS HISTORY
3. Kamalamma, Hindu Female, 25 years		Ascites-nutritional anaemia. and dropsy	Progressive weakness; loss of appetite, anorexia and oedema of the feet, relieved by treatment, and constipation alternating with frequent loose motions for about 4 years prior to her present complaint.
Date of Admission	...	13- 1-53	
Date of discharge	...	9- 2-53	
4. Saraswathi Bai, Hindu, Female, 35 years		Ascites, nutritional anaemia.	Uptill 2 years prior to the present complaint, the patient was apparently keeping normal health. She has 2 children. Her menstrual periods appear to have been fairly regular. Ever since 1950, she was frequently suffering from pain in the chest, flanks and back and recurring attacks of fever for which she was treated at the local Mission Hospital and got partial relief. Soon after, she started having pain in the epigastric region immediately after food. Three months prior to her admission in the Ayurvedic Hospital, her abdomen began to swell with fluid and ascites developed.
Date of admission	...	29-12-52	
Date of discharge	...	5- 3-53	
5. Lingaiah, Hindu, Male, 45 years		Ascites, Malaria & anaemia	Uptill 4 years prior to the present complaint, the patient was suffering from fever with rigor often and on. Early in 1952, he had an attack of jaundice for which he was treated in this hospital.
Date of admission	...	25 -5-54	
Date of discharge	...	29 -7-54	

DURATION AND TREATMENT	RESULT
One and half months. Daily administration of 2 ounces each time twice daily of the aqeous extract of the mucosa & sub-mucosa of the stomach and duodenum, followed by a cup of defattend buttermilk, for about 27 days. The patient was placed on a salt- free diet throughout the period of her treatment.	The quantity of the out-put of urine at the time of her admission, which was about 25 ounces, rose progressively to 110 ounces on the 9th day. It maintained itself at a daily average of 85 ounces during the following 10 days. On the 23rd day onwards, it rose up to over 120 ounces and maintained itself at this level till the 27th day. The abdomen was by this time completely depleted of the ascitic fluid.

ABDOMINAL MEASUREMENTS

	Circumference of the abdomen round the umbilicus	From the xiphoid sternum to symphisis pubis
On the date of admission	... 35″	... 14″
On the date of discharge	... 24″	... 9″

The patient was discharged cured of ascites and she had no relapse of this condition ever since.

DURATION AND TREATMENT	RESULT
The duration of ascites 3 months. As in similar other cases of ascites under report this patient was also treated with the oral administration of 2 ounces of the aqeous extract of the mucosa and sub-mucosa of the stomach and duodenum twice daily followed by a cup of butter-milk for about 2½ months. The patient was placed on a salt-free diet throughout the period of her treatment.	The urine out-put which was less than about 15 ounces par day during the first 6 days in the hospital, started mounting up from the 4th day of the administration of the aqeous extract of the stomach. It rose to 40 ounces on the 5th day, 64 ounces on the 7th day and it maintained itself between 80 and 100 ounces thereonwards uptill the time of her discharge. During this period the ascites completely cleared off.

ABDOMINAL MEASUREMENTS:

	Circumference round the abdomen	From xiphoid sternum to umbilicus
On the day of admission	... 38"	... 26"
On the day of discharge	... 13"	... 7½"

The patient was discharged cured and she has not had a relapse of ascites till now.

DURATION AND TREATMENT	RESULT
The duration of the present complaint 4 months. Treatment with the oral administration of the aqeous extract of the mucosa & sub-mucosa of the stomach and duodenum followed by a cup of butter-	The daily urine out-put which was about 24 ounces uptill the 5th day of his admission to this hospital, rose up to over 60 ounces per day soon after the administration of the stomach extract. It progressively rose higher and higher and maintained itself at over 120 ounces for 24 days, when the administration of the extract was stopped. The urine out-put continued to

NAME OF PATIENT	CLINICAL DIAGNOSIS	PREVIOUS HISTORY
		Subsequent to his discharge and till about 4 months prior to his present complaint, he was apparently keeping fit. In January 54, he had a relapse of malaria and shortly afterwards, developed dropsy and pain in the epigastrium which culminated in the suppression of urine and accumulation of fluid in the abdomen.
6. Mohamed Hayath, Indian Muslim, Male 55 years Date of admission ... 23-12-54 Date of discharge ... 5- 3-55	Ascites, portal cirrhosis and anaemia.	Suffered from an attack of small-pox when he was 12 years of age. Subsequently and uptill early 54, he used to suffer often and on with attack of chill and fever. He is a non-vegetarian and has not been addicted to alcohol. Has been a moderate smoker. The present trouble is stated to have started with a continuous high fever which appears to have lasted for over 20 days. This was followed by scanty micturition, white coloured loose motions, dropsical swelling of the face, abdomen, hands and legs, which finally culminated in ascites.
7. Ningamma, Hindu, Female 35 years Date of admission ... 11-10-54 Date of discharge ... 21-2-55	Atrophic cirrhosis of the liver & spleen ascites	The patient is a widow, having lost her husband 12 years ago. She conceived twice and the first conception resulted in an abortion. She gave birth to her 2nd child after full-term

DURATION AND TREATMENT | **RESULT**

milk was commenced 7 days after his admission to this hospital and was continued uptill the date of his discharge about 2 months later. He was placed on a salt-free diet throughout the period of his treatment.

keep up this high level on the following 13 days. The ascites and dropsy completely disappeared, and the patient was discharged cured. He has not come up for periodical check-up after his discharge.

Abdominal measurements not maintained.

The duration of the present complaint is about 3 months. Treatment with the oral administration of the aqeous extract of the mucosa and sub-mucosa of the stomach and duodenum followed by a cup of butter-milk was commenced on the 2nd day of his admission and it was continued for 38 days. The patient was on a complete salt-free diet during this period.

The daily out-put of urine which was about 20 ounces, rose up on the 3rd day of the administration of the stomach extract to 60 ounces; further rise in a stepladder manner was maintained till he reached 125 ounces on the 27th day. The same step-ladder like rise continued till the out-put rose to over 130 ounces. By this time, the fluid in the peritoneum was completly depleted and the administration of the stomach extract was stopped. The urine out-put showed a gradual decline and reached 65 ounces on the 41st day, but again began to gradually increase to 110 ounces at which level it continued to be maintained uptill the date of his discharge.

ABDOMINAL MEASUREMENTS

	Circumference of the abdomen around the umbilicus	From xiphoid sternum to symphisis pubis
On the date of admission	37"	12½"
On the date of complete depletion of fluid from the peritoneal cavity. (i. e., after 36 days of the administration of the stomach extract)	27·2"	10·5"
On the date of discharge	26"	10·8"

The patient was discharged cured of aecites with advice to come up for weekly check-up.

One year. She was treated with 2 ounces each time of the aqeous extract of the mucosa & sub-mucosa of the stomach and duodenum twice a day, followed by a cup of butter-

The urine out-put per day period to the commencement of the administration of the stomach extract averaged at about 20 ounces. It rose to 60 ounces on the 6th day; 100 ounces on the 11th day and thereafter, ranged between 60 and 84 ounces. **Paracenthesis** had to be done twice during her 3 months stay in the

NAME OF PATIENT	CLINICAL DIAGNOSIS	PREVIOUS HISTORY
		milk throughout the period of her treatment in the Ayurvedic Hospital. In addition, she was also placed on a salt-free diet during the entire period of her treatment.
8. Balan, Hindu, Male, 15 years Admitted on ... 3-1-55 on the date of reporting	Cirrhosis of the spleen and liver and ascites.	The patient had epileptic seizures for a year when he was about 3 years old. Subsequently and uptill about 4 years ago, he was apparently keeping fit. He started having attacks of fever and rigor once in 3 or 4 days and occasionally at longer intervals. About 4

DURATION AND TREATMENT	RESULT

but the child died soon after birth. The patient apparently had a normal menstrual cycle but it stopped about 2 or 3 years prior to her present complaint. It can be made out of the rambling and incoherent account furnished by the patient that she suffered from fever and chill now and then. The present complaint was preceeded 2 years ago with an attack of migraine. A year back, she had a severe attack of acute dysentery followed by jaundice. Intense thirst and pain in the right hypogastrium shooting to the shoulder on that side, followed soon after by a rapid accumulation of fluid in the abdomen, oedema of the two lower extremities, scanty mictutrition and loose motions. She got herself admitted in the K. R. Hospital on 26–9–55, where paracenthesis of the abdomen appears to have been done twice within an interval of about 6 days. About 10 pts. of fluid appears to have been tapped each time. She was admitted to the Ayurvedic Hospital seven days later with a heavy accumulation of fluid in the abdomen.

hospital for obtaining samples of ascitic fluid for Bio-Chemical and microscopic examinations, to eliminate the possibility of malignancy. It was found on both the occasions that the rate of filling up of the abdomen was very considerably delayed. The jaundice, pain and tenderness in the right hypocondric region cleared out completely a week after the commencement of the treatment. The irreversible cirrhotic changes which have taken place in the liver and spleen, it was noted, stood in the way of a cure, as in other cases. The maximum that was achieved in this case was the considerable retardation of the transudation of fluid in the peritoneum.

ABDOMINAL MEASUREMENTS

	Circumference of the abdomen around the umbilicus	From the xiphoid sternum to symphisis pubis
When the treatment was commenced	... 35″	... 16″
At the time of discharge	... 37″	... 16½″

The patient was discharged otherwise, at her own request.

Six months. 2 ounces of the aqeous extract of the mucosa & sub-mucosa of the stomach & duodenum was administered orally, each time twice a day, followed by a cup of defattened butter-milk. He was placed on a salt-free diet throughout his treatment.

The daily urine out-put which was scanty-about 15 ounces on an average rose to 55 ounces on the 3rd day after the administration of the stomach extract; 68 ounces on the 10th day and was maintaining this level uptill the 27th day when it rose to 100 ounces and thence onwards, it was ranging between 80 and 90 ounces for about 5 days, after which, it dropped down to 60 ounces six days later. Subsequently, it has been maintaining itself between 60 and 90 ounces uptill the time of reporting. This

NAME OF PATIENT	CLINICAL DIAGNOSIS	PREVIOUS HISTORY
		months later, he observed a hard tumour on the left flank, which has continued to grow ever since. He developed night blindness during this period and the abdomen was found to gradually swell, in size. He was taken to Madras and treated at the General Hospital there. The size of the abdomen however, continued to increase with a corresponding decrease in micturition. He subsquently got himself admitted at the K. R. Hospital, Mysore, where his abdomen was tapped 3 times within short intervals of time.

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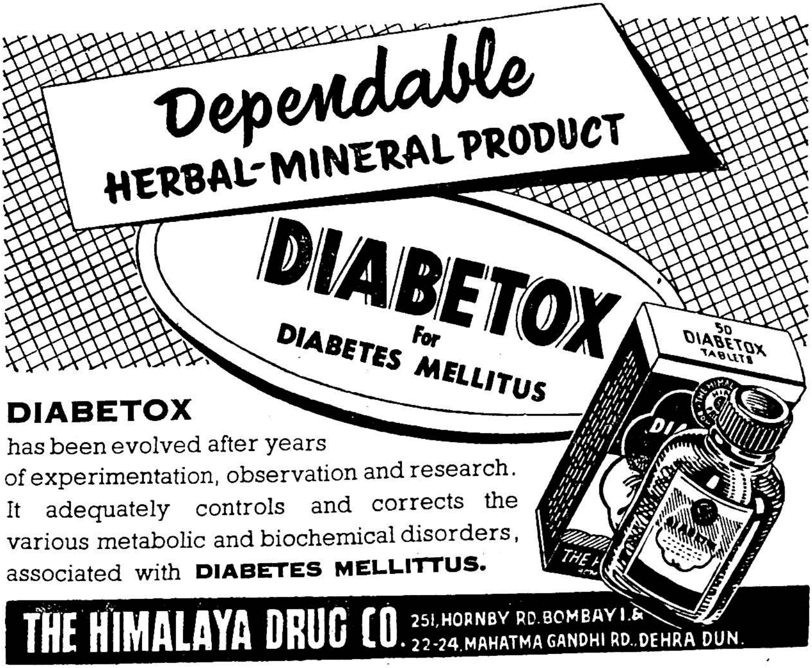
DURATION AND TREATMENT	RESULT
	has coincided with a corresponding increase in hunger and appetite and increased consumption of diet. The patient is still under treatment and observation.

ABDOMINAL MEASUREMENTS

	Circumference of the abdomen around the umbilicus	From xiphoid sternum to symphisis pubis
On the date of admission ...	26″	... 11·9″
On the date of reporting ...	25″	... 13·5″



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SPOT LIGHTS OF MADURAI

BY

DR. S. SRINIVASAN, L. I. M.

Mr. President and Gentlemen,

I have been asked to say a few words about our City—**MADURAI**. Many of you here are well acquainted with this historic city and it may appear like carrying coal to Newcastle if I were to read a long discourse upon the city of Madura and its environments. I shall therefore confine myself with some important places of interest worth visiting for the sake of those who are new to this place.

Madurai, the ancient capital of Pandyan Kingdom is the second Premier City in the Madras State. Many of the famous literary works bear testimony to the glory of the city.

In the field of literature the Pandyan age reached its zenith, the result of which was the existence of the Tamil Sangam which encouraged and patronised many a poet who composed the famous literary works like Chilappathigaram and Manimekalai.

In the field of culture also, Madurai stands second to none. This is evident from the existence of the big and conspicuous temple of Meenakshi which abounds in all forms of architectural beauty. The Thirupparamkundram Temple one of the "Arupadai Veedu" of Lord Muruga, bears testimony to the architecture of Pallavas and has been placed under the division of stone-hewn temples. Many a foreign traveller has given glowing tributes to the beauty and splendour of the temple.

Town planning was not unknown to our ancients. This has been made crystal-clear by the fact that the city is square in shape with the temple in the centre, like "The Tree of Life in Paradise," exhibiting the glory and splendour of the city.

The most important thing that even a casual observer notes is the famous Chitra Festival. Villagers all round the city are attracted to it.

So we can boldly and unhesitatingly say that Madurai, the Temple City, the emblem of culture, and the personification of literature, claims to be the eclat among the other best and well-known cities of India.

Next I would like to enumerate some of the important places worth visiting.

1. MEENAKSHI TEMPLE - The Meenakshi Temple with its stately gopurams and the glittering golden vimanams covering the inner-most shrines stands in the centre of the city, and the main streets skirt the temple walls in almost concentric squares. The temple

abounds in exquisite works of sculpturel art and beautifully carved granite pillars. Art lovers will find that the stone carvings are remarkable specimens of technical skill and the most attractive of them are found in the Kambatta Mantap in front of the Sundareswarar shrine. One of these depicts-Maha Vishnu giving away Sri Meenakshi in marriage to Lord Sundareswarar. Again the Hall of Thousand Pillars is a marvel of engineering skill, extremely remarkable for their boldness in conception and cunning workmanship. The pillars of this square hall are so mathematically arranged that when viewed from any angle they are seen to be in a straight line. The ancient scupltors have made stones not only to speak but to sing. Near the Northern Gopuram inside the temple are the musical pillars. Each of these consists of 22 slender stone rods carved out of a single block of granite and when tapped the rods give out different musical notes.

THIRUMAL NAYAK PALACE :— The Mahal as it is now called, is a perfect specimen of secular architecture. Not a wooden piece is used and is entirely built of brick and plaster. The giant pillars and ceilings are very attractive to look at. It is here that the courts of Madurai and Ramanathapuram are housed.

MARRIAMMAN TEPPAKKULAM :— The Teppakkulam which measures about 1000 feet on each side is on the eastern end of the city. The City Bus No. 4 will take you there. This splendid tank is the largest stone-built floting tank in Southern India. There is a beautiful Mayya Mandapam in the centre of the tank which is worth seeing.

THIRUPPARAMKUNDRAM: is six miles from Madura. It is one of the important shrines of Sri Subramanya. The temple is at the foot of a barren hill and the innermost shrine is cut out of the solid rocks of this hill. On the top of the hill is the tomb of the Fakir Sikkender, exhibiting as it were the unity in diversity - of Hindusiam and Islam living side by side. The city bus No. 5 runs to Thirupparamkundram.

ALAGAR KOIL - which is 12 miles from Madurai is situated under the foot of the Alagar Hills. It is a famous Vaishnavite shrine dedicated to Sri Kalla Alagar. Two miles up the Alagar Hills there is a perenial spring known as Noopra Gangai to which worshippers go for a sacred bath. It is also an ideal picnic spot.

INDIAN MEDICINE ON TRIAL

BY

Dr. C. B. HANUMANTHA RAU, B. Sc., L. I. M.

Mantralaya Clinic, Dharapuram.

Mr. President and Friends,

In the words of Sir Henry Hallet Dale, "He would be a rash speculator, however, who would today exclude anything in the whole range of natural knowledge, from the ultimate possibility of some medical application", it is quite obvious that decrying one field of knowledge devoted exclusively for the benefit of human society, becauce of its antiquity, is not only unwarrented but also absurd. When Dr. Parthasarathy asked me for an article for the Conference, I was hesitant for the obvious reason that in the atmosphere of unchecked anti-propaganda by the camp followers of the opposite side whether any good will be served by my lone voice. Neverthless, as a humble student of this great Science of India I take leave to place before you this evening my case for your sympathetic appreciation.

The Healing Art, the world over, is the most respected one and in no other profession there is so much of sincere, reverential and respectful nearness of human mind than here. The patient approaches the medical man with all earnestness, openness and hope for a speedy relief of his trouble. Thus the medical man has a two-fold duty imposed on him, viz., his duty to the Science and his duty to his patient.

Such a sacred Art has been in existence from the time of human life on earth and every country has had its own system of the healing Art. In India likewise, the origin of Medical Science goes back to the era of the Vedas and it is a cardinal part of the Atharva Veda. When civilisation began to change the methods of medicine also changed and the present European Medicine could be traced to Ayurveda.

The great teachers of Ancient Indian Medicine as in other branches of knowledge formulated for the easy grasping of their students, simplified fundamental principles in the forms of aphorisms or Sutras and in the forms of beautiful verses easy to memorise. It was so carefully collated that it was easy to retain the matter and teach others if necessary. Those were the days of non-printing and hence the knowledge was imparted only by the Karna Parampara methods. The fundamental principles have a very wide field of application and all exceptions are treated sucesfully to prove the rule. The simplification of medical teaching has overcome the burden of eliminating the unnecessary materials from the curriculam of medical studies and has given ample scope for the student to original thinking. This truth is now fortunately felt by the teachers in all countries and there is now a cry for lessening the burden on the poor brains of the student. Because the teacher can help the student only to a certain extent and he cannot pretend to cover the entire field of Medicine, teaching institution can feel happy over the very valuable portion of fundementals being taught in a most useful way by which the student improves the knowledge in due course. And as you know medical knowledge is endless and it has to be enlarged as and when fresh materials are avilable. The following passage from the pages of Susruta Samhita is very telling: 'There is no end to the

study of Medicine and one has to learn even from the enemy if necessary '.

You have been having a series of talks and discussions on the various aspects of Indian Medicine in the Conference by many eminant scholars, teachers and practitioners of Indian Medicine who combine judiciously and hormoniously the absolutely useful counterpart of well established European Medical knowledge so that the patient can have best and very best treatment for his ills. This method is what I call "Fitting of European Medicine in the fabrication of Indian Medicine" to suit the needs of the Society of the present day. Probably with this truth in mind, our Great Acharya and Vaidya-Vidya Guru, Capt. G. Srinivasamurti, whom we have the good fortune to see in our midst, has laid down a fundamental definition, I want you all to remember carefully. It is applicable to all countries of the world and much more to our country. He says, "I would like to see the future practitioner of India, no matter what denomination he may belong to, Ayurveda, Siddha, Unani, European or any other, being so schooled and trained as to be able to bring to bear upon the problems of health and ill-health not only the expert knowledge of their systems but as far as practicable the best that is in other system as well." The late Dr. Gananath Sen, who had also felt this truth, had written elsewhere, "Pure Ayurveda, If it implies unsuplemented Ayurveda, is a misnomer, For Ayurveda does not mean half a dozen mouldly books alone which have been handed down to us in disintegrated and thrice redacted form. Ayurveda means the great Healing Art of India which was the ideal of the world but of which considerable portions - even some elementary portions - have been lost irrevocably. Ayurveda, unsupplimented therefore, means Ayurveda deficient and mutilated. And I venture to suggest that unless we boldly assimilate the truths from modern developments of Chemistry, Anatomy etc., Ayurveda of the future will lag sadly behind in the eyes of Scientific progress and may be wiped out or relegated to archaelogical museums, all our efforts not withstanding."

Thus the necessity of assimilation of useful knowledge from other sources has arisen and you find the first Indian Medical School which was a Model for other states to copy. The trained personel had no difficulty to settle down to practice either in service or in private. They had not found wanting in adding the newer developments in European Medicine and they were in fact found to be a formidable competitor to practitioners of the so-called pure systems of medical practice either oriental or occidental. And this set up an eye sore in certain very powerful quarters and the out come was a series of obstacles both in propaganda and in legislative difficulties. The practitioners of this type have proved far beyond the expectation of their fathers of creation and I give here below two typical divisions of such practice service either rural or urban and private practice.

You would have discussed or be discussing the problems of rural practice in all its details but I would confine only to one vital aspect to support my case. You would have seen that with minimum of fecility for enlarging the knowledge learnt at teaching instituition, with no periodical refreshing with short courses, no kind words from immediate superiors, the sudden and surprise visits of threatening orders to curtail this or that part of routine practice, allowing a bare minimum of wage just enough to keep the life going in remote villages where poverty and scarcity of living conditions shut tightly the doors of private practice and to crown these, the frequent annoyance of political patrons of semi-offcialdom (incarnation of illiteracy, bigotry and stupidity) with imperial air of importance, absolutely innocent of common elementary principles of courtsey and behaviour, our people are sacrificing their valuable energy and wisdom and serving the mass ungrudgingly in the best possible manner. Inspite of all these handicaps their quality of work is so good that they have

earned the appreciations of the district officers as seen in the administration reports.

The private practitioner has trouble only in the beginning of practice and once he establishes a clientele he scores. You would have seen many of our bretheren doing excellant work in towns with many of the modern equipments like the X-Ray. Ultra-Violet Ray and laboratory fecilities. This has become a sore to the camp followers of the opposite side and they try their utmost to decry us with no benefit. If insurance certificate, medical leave certificates to Govt. servants, becoming honorary in Govt. Hospitals and tutoring the uneducated motor drivers in first aid constitute only medical practice then we would rather say no to the practice. This denial is made much of by many and they gloat over their superiority when they fail miserably before the patients in the matter of understanding their ills. It is funny to note that there are some among them who would not allow their patients go for a skiagram or sputum test to our practitioner. In spite of all these, people flock in large numbers, including the 'doubting Thomases' and take special delight in the way in which the treatment is given to them. The quality of treatment in the back-ground of vast clinical data take him up in the estimation of his clients and no amount of belittling from the opposite camp leaves any marked effect. This truth has been established in many places by our people over more than a quarter of a century.

The insignificant increase of beds in our hospital, the unproductive research in Indian Medicine under the direction of European Medicine trained chief, the post-graduate course without increase in status, the house-surgeoncy in unimportant hospital under unfavourable conditions are some of the very valuable assistance coming from the department. Is this to bluff the electorate or a service to promote the practice of the Indian Medical Practitioner. I leave it to you.

In this atmosphere of subserviance, Indian Medicine is said to be on trial. It is assailed on all sides by two main groups of opponants, viz., one those that question the validity of the principles of Indian Medicine and two, those that abhor its new type of practice. The first group has been silenced numberless times by talks, discussions and writings but as it has degenerated into a set of incorrigibles, it still persists some times.

The second group however is more venomous and it can be brought under 3 sub-heads, viz., The Non - Official - Lay, the Official-Lay and three, the Men of Science, who may or may not be officials. The first has no axe to grind and it is its fashion to talk ill of. The second, however knows full well the benefits of this practice either directly or indirectly, but joins with the third group on matters of 'Policy'. The third group of people, who ought to know better, would not tolerate entrance into their fold as it might, they fear, jeopardise their present international status. The result is that we have become a sort of 'Aparthied' and we find already that seeds for slow-starvation decay, death and final burial of Indian Medicine are being sown.

These are days of politics mongering and the whole world has been brought into a small compus dominated by a few powerful political parties. World Organisations are created to preside over the destinies of all human beings, whether they like it or not, and human freedom is under the threat of impending destruction, reducing the thinking man into a class of 'Ditto-ing-Automaton'. The race for the possession of lethal weapons by countries has brought out insecurity, terror or whole-sale extinction and severe nervous tension even to peace-loving people. The appeal for a voluntary destruction of Hydrogen and Atom-Boms as a master stroke of magnanimity has fallen on deaf ears and ever increasing pollution of God-given Air and Water by the experimental explosions of these weapons has no check. The United

Nations Organisations - the Presiding Deities of Human Destiny - - instead of prohibiting the possession and experiments of these deadly armaments in one powerful voice, please quietly in the place of a trifle like the admission of a small country in its organisation.

The World Health organisation is a sister to U N O and it consists of personalities supposed to be possessing the cream of medical knowledge. It is concerned with the health problem of the world and representatives are sent to other nations where new health schemes are established with the help of the Govt. of that nation. On matters of health policy, its advice is sought by the Govt. and its directive is usually irrevocable as we find in the instances of preventive vaccination and family planning. It is a pity that there is not one man to reprsent Indian Medicine in the panel of W. H. O. an the panel certainly suffers in its versatality in not being informed of all about Indian Medicine and its adjustability to world medicine.

Under these conditions Indian Medicine must be considered to be on trial. To get an honourable living for Inian Medicine there is no certainty that any judgment will not be open-minded, impartial or non-comital. The day of favourably judgment may not be very near and it is not too much to hope that this august body W H O the custodian of peoples' health, might come to our rescue provided it is made to understand our case. But who will allow you or me to go near, much less arrange for an unbiased and sympathetic approach of the problem. Emphatically none! But meanwhile we on our part should do two things. We shall ask those to stop indulging in the drama of antipropaganda of undermining directly or indireclty the great Science and its practice, and devote our attention silently and patiently to work out a costructive, programme which you might call 'Arogya Seva Dhan' in the present day parlance in its versatile from as per the 'Definition' already stated. Your conference would certainly add one more feather of glory by passing a resolution adapting the constructive programme. This is not new to you as you have been doing it but it is only to emphasise the fact that there is abolutely no conflict in the practice as the Europen Medicine easily fits into the structure of Indian Medicine. The theory of conflicting ideaologies have been atom-bombed long ago by the ever succesful practice of every day. The proof of this is seen in the daily attendence in your paying Clinics of large crowds (some times ungrudgingly waiting), inspite of free treatment available nearby.

I cannot usefully close this subject without reminding you of the golden words of late Professor Einstien. He said, " Let us watch that the brotherhood of enquiry does not fall a victim to the Master Politics, even though the 'Bigs' do not set a shining examble ".